P0500042610

(Re	equestor's Name)	
(Ad	ldress)	
•	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Oc	ocument Number)	
(50	outhone (tumber)	
Certified Copies	_ Certificates	of Status
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OF APR 25 PM 1: 48

SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of a (porporation
DOCUMENT NUMBER: P050000 4	2610
The enclosed Articles of Dissolution and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	o the following:
Donald William Cha (Name of Contact Person	ndler
Panhandle Pools and S (Firm/Company)	n) One Ted
(Firm/Company)	pus, anc
2930 HWU 231	
City/State and Zip Coo	240.5
(City/State and Zip Coo	de)
For further information concerning this matter, please cal	
Dona ld Chandler at (85) (Name of Contact Person) (Ar	rea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee	opy Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Panhandle Pools and Spas Fre	
SECOND:	The document number of the corporation (if known): PO500042610	
THIRD:	The file date the articles of incorporation: $\frac{2/16/2005}{}$	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	ì
	PF ST :	}
	ORIDA	
Sign	ature: Elsie DePouseg Chandle	
	(By a director, president or other officer if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
	Elsie DePourca Chandler (Typed or printed name of person signing)	
	Clitle of Person Signing)	
	() two () i erour organization	

Filing Fee: \$35