## POS 000055775

| •                       |                   |                 |  |
|-------------------------|-------------------|-----------------|--|
| . (Re                   | questor's Name)   |                 |  |
| . (Ad                   | dress)            |                 |  |
| (Ad                     | dress)            |                 |  |
| (Cit                    | y/State/Zip/Phone | <del>;</del> #) |  |
| PICK-UP                 | ☐ WAIT            | MAIL            |  |
| (Business Entity Name)  |                   |                 |  |
| (Document Number)       |                   |                 |  |
| Certified Copies        | Certificates      | of Status       |  |
| Special Instructions to | Filing Officer:   |                 |  |
|                         |                   |                 |  |
|                         |                   | j               |  |
|                         |                   |                 |  |
| , •                     |                   |                 |  |
|                         |                   |                 |  |

Office Use Only



000133966680

08/11/08--01033--013 \*\*35.00

SECURITARY OF STATE
SECURITARY OF STATE

T. Burch AUG 13'2008

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| . SUBJECT: Dissolution of Stephen Macari Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |  |  |  |
| DOCUMENT NUMBER: P05000055775                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |  |  |  |
| Please return all correspondence concerning this matter to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ne following:                                                                                                                  |  |  |  |
| Stephen Macari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                |  |  |  |
| (Name of Contact Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |  |  |  |
| Macari Building and Design, Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |  |  |  |
| (Firm/Company)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                |  |  |  |
| 149 Fern Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |  |  |  |
| (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |  |  |  |
| Jupiter, Florida 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |  |  |  |
| (City/State and Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |  |  |  |
| For further information concerning this matter, please call:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |  |  |  |
| Stephen Macari at ( 561 (Name of Contact Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 745-0394 Code & Daytime Telephone Number)                                                                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Code & Baytime Telephone Number)                                                                                               |  |  |  |
| Enclosed is a check for the following amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |  |  |  |
| \$\sumsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\symbol{\subsymbol{\symbol{\subsymbol{\symbol{\symbol{\symbol{\symbol{\subsymbol{\subsymbol{\symbol{\symbol{\symbol{\symbol{\symbol |                                                                                                                                |  |  |  |
| 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 607.1403, 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                                            | t of State:                     |  |
|---------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------|--|
|         | Stephen Macari Inc                                                                                                    |                                 |  |
| SECOND: | The document number of the corporation (if known): P05000055775                                                       |                                 |  |
| THIRD:  | The date dissolution was authorized: 12/31/2007                                                                       |                                 |  |
|         | Effective date of dissolution if applicable: 12/31/2007  (no more than 90 days after dissolution)                     | on file date)                   |  |
| FOURTH: | Adoption of Dissolution (CHECK ONE)                                                                                   |                                 |  |
|         | Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.                    | st for dissolution              |  |
|         | Dissolution was approved by the shareholders through voting groups.                                                   |                                 |  |
|         | The following statement must be separately provided for each voting group to vote separately on the plan to dissolve: | entitled                        |  |
|         | The number of votes cast for dissolution was sufficient for approval by                                               | 2000 AUG<br>SECTETA<br>SALLAHAS |  |
|         | 100% Stephen Macari                                                                                                   |                                 |  |
|         | (voting group)                                                                                                        | OF STAT                         |  |
|         | Signature:  (By a director, president or other officer - if directors or officers have not been selected, by          | 29<br>1A                        |  |
|         | an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)      |                                 |  |
|         | Stephen Macari                                                                                                        |                                 |  |
|         | (Typed or printed name of person signing)                                                                             |                                 |  |
|         | President .                                                                                                           |                                 |  |
|         | (Title of person signing)                                                                                             |                                 |  |

Filing Fee: \$35