PQ5000010924

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	



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STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of William W	hite Enterprises, Inc.
DOCUMENT NUMBER: P050000769	24
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
William A. White	
(Name of Co	ntact Person)
(Firm/C	Company)
12574 Lookout Mountain Court	
(Addr	ress)
Jacksonville, Florida 32225	
(City/State a	and Zip Code)
For further information concerning this matter	, please call:
Chad Shultz	_at (_904) <u>928-0500</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
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:
	William White Enterprises, Inc.
SECOND:	The document number of the corporation (if known): P05000076924
THIRD:	The file date of the articles of incorporation: May 26, 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.
Sign	ature: (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.)
	William A. White
	(Typed or printed name of person signing)
	President (Title of Person Signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

Name of Corporat	ion: William White Enterprises, Inc.
	n will be the date the dissolution is filed with the Department of State or as rticles of Dissolution.
Description of info	ormation that must be included in a claim:
Date, location	on, description of services or items provided, amount of claim.
41.00 to 141.	
Mailing address w	where claims can be sent: (Claims cannot be sent to the Division of Corporations)
_	here claims can be sent: (Claims cannot be sent to the Division of Corporations) /o Colleen A. White
<u>C.</u>	
<u>c.</u>	/o Colleen A. White
<u>C.</u> <u>A</u>	/o Colleen A. White

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00