

PD5000091907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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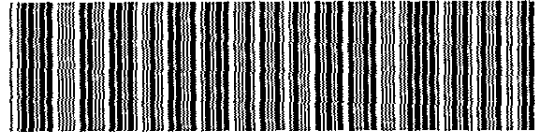
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FD-151 CM
9-14-07
eff
10-1-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Conlyn Enterprises, Inc.

DOCUMENT NUMBER: P05000091907

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Conston Lynn Vickers

(Name of Contact Person)

Conlyn Enterprises, Inc.

(Firm/Company)

P.O. BOX 615

(Address)

CLARCONA, FL 32710-0615

(City/State and Zip Code)

For further information concerning this matter, please call:

CONSTON LYNN VICKERS

(Name of Contact Person)

at (407) 294-0376

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (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

eff 10-1-07

FIRST: The name of the corporation as currently filed with the Florida Department of State:

The document number of the corporation (if known): P05000091907

SECOND: The document number of the corporation (if known): P05000091907

THIRD: The date dissolution was authorized: 09/01/2007

Effective date of dissolution if applicable: 10/01/2007

(no more than 90 days after dissolution file date)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature:

Constan Lynn Vickers

(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)

CONSTON LYNN VICKERS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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07 SEP 14 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA