

Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

RECEIVED
12 APR 30 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL
ALL COAST TREE SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03 <i>4</i>
Estimated Charge	\$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Notice
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850-617-6381

4/27/2012 3:39:12 PM PAGE 1/001 Fax Server



April 27, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALL COAST TREE SERVICES, INC.
C/O JOHN M WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

SUBJECT: ALL COAST TREE SERVICES, INC.
REF: FD5000108988

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You referred to an incorrect document number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: 812000115785
Letter Number: 412A00012920

412 000 115785 3
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 of State:
ALL COAST TREE SERVICES, INC.

SECOND: The document number of the corporation (if known): P05000108988

THIRD: The date dissolution was authorized: 4/23/2012
Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ 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: _____

(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)

JEFFREY WILCOXEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ALL COAST TREE SERVICES, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

NAME OF CREDITOR; PRODUCT OR SERVICE PROVIDED; TOTAL
AMOUNT OF CLAIM; ACCOUNT SUMMARY; INVOICES; AND REFERENCE
TO CONTRACT, IF APPLICABLE.

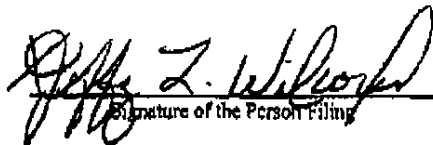
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

24410 STILLWELL PARKWAY
BONITA SPRINGS, FL 34135

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JEFFREY WILCOXEN

Printed Name of the Person Filing


Signature of the Person Filing

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

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