

P05000111819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

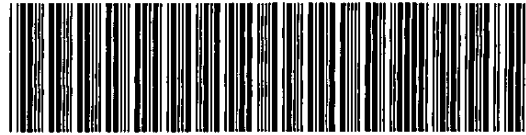
(Business Entity Name)

(Document Number)

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07 JAN -9 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VOLDIS w NOTICE  
DEC 1/26/07

**George and Michelle Sammet**  
**217 S. Shipwreck Avenue**  
**Ponte Vedra, FL 32081**

January 4, 2007

Florida Department of State  
ATTN: Karen Gibson  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: GMLW, Inc.  
Ref. Number: P05000111819

Dear Ms. Gibson:

Per your request please find enclosed the resubmittal of articles of dissolution for GMLW, Inc. Also enclosed is the required \$35.00 filing fee.

Should you require additional information or have any questions please feel free to contact me during the day at 904-472-2747.

Sincerely,

  
Michelle Sammet

ENCLOSURES



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2006

GEORGE W. SAMMET  
GMLW, INC.  
217 WHIPWRECK AVENUE  
ST. AUGUSTINE, FL 32095

SUBJECT: GMLW, INC.  
Ref. Number: P05000111819

We have received your document for GMLW, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 606A00062241

## 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:

GMLW, Inc.

SECOND: The document number of the corporation (if known): P05000111819

THIRD: The date dissolution was authorized: 9/20/06

Effective date of dissolution if applicable: 9/20/06

(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)

George W. Sammet

(Typed or printed name of person signing)

President

(Title of person signing)

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07 JAN - 9 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$35**

## 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: GMLW, 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:

Notice of claim against GMLW, Inc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

GMLW, Inc.

217 Shipwreck Ave

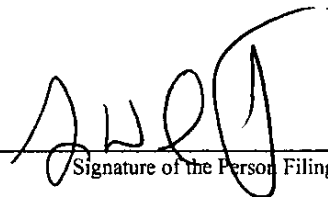
St. Augustine FL 32095

\_\_\_\_\_

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.

George W. Sammet

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**