

P05000144517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

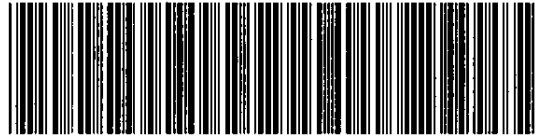
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRIPOLITANIA MAY 4 011 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2009

DAVID C. SASSER
JOHNSTON & SASSER, P.A.
POST OFFICE BOX 997
BROOKSVILLE, FL 34605

SUBJECT: SUB, INC.
Ref. Number: P05000144517

We have received your document for SUB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 509A00012959

RECEIVED
2009 MAY -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sub, Inc.

DOCUMENT NUMBER: P05000144517

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

Please return all correspondence concerning this matter to the following:

David C. Sasser

(Name of Contact Person)

Johnston & Sasser, P.A.

(Firm/Company)

Post Office Box 997

(Address)

Brooksville, Florida 34605

(City/State and Zip Code)

For further information concerning this matter, please call:

Ann White

(Name of Contact Person)

at (352) 796-5123

(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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
09 MAY - 1 17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Sub, Inc.

SECOND: The document number of the corporation (if known): P05000144517

THIRD: The date dissolution was authorized: April 10, 2009

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: X 

(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)

Bhupatiraju R. Raju

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35