

PO SC000165285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

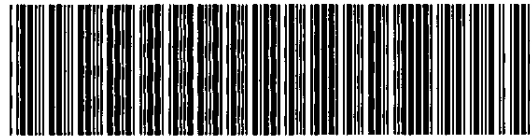
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/21/10--01039--003 **35.00

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FILED
2010 OCT 21 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-22-10

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:
MICHAEL MAY TRUCKING, INC.

SECOND: The document number of the corporation (if known): P05000165285

THIRD: The date dissolution was authorized: 10/31/10

Effective date of dissolution if applicable: 10/31/10
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

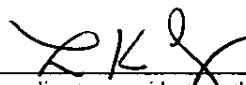
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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

Michael May & Lashandia May
(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)

LASHANDIA MAY

(Typed or printed name of person signing)

Vice president
(Title of person signing)

Filing Fee: \$35

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael May Trucking, Inc.

DOCUMENT NUMBER: P05000165285

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

Please return all correspondence concerning this matter to the following:

LASHANDIA MAY

(Name of Contact Person)

MICHAEL MAY TRUCKING

(Firm/Company)

4085 TYNDEL CREEK COURT

(Address)

JACKSONVILLE, FL 32223

(City/State and Zip Code)

For further information concerning this matter, please call:

LASHANDIA MAY

(Name of Contact Person)

at (904) 483-1763

(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