

PO60000 92674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

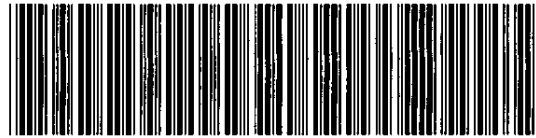
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100149076451

04/13/09--01019--014 \*\*35.00

FILED  
09 MAY 20 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5-15  
6/13/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Terminate Business

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Kimberly Dunn

(Name of Contact Person)

Loans dunn by Kim, Inc.

(Firm/Company)

18840 92 Lane N.

(Address)

Loxahatchee Fl 33470

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Dunn

(Name of Contact Person)

at (561) 689-7004

(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)
- already paid*

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2009

KIMBERLY S DUNN  
18840 92 LN N  
LOXAHATCHEE, FL 33470

SUBJECT: LOANS DUNN BY KIM, INC.  
Ref. Number: P06000092674

We have received your document for LOANS DUNN BY KIM, 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):

This corporation is active not dissolved so a Revocation of Dissolution can not be filed. I am sending you Articles of Dissolution to file.

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) 245-6927.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 809A00012669

2009 MAY 20 AM 8:00

RECEIVED

## 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:

Loansdunnby Kim, Inc.

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

THIRD: The date dissolution was authorized: 11/10/09

Effective date of dissolution if applicable: 11/10/09  
(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)

FILED  
09 MAY 20 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Signature: Kimberly S. Dunn  
(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)

Kimberly S. Dunn  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35**