Pou000118065

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	· #)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of G+W PROPERTY MANAGEMENT INC
DOCUMENT NUMBER: P06000118065
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CLENN SNIDES (Name of Contact Person)
GLENN SNIPES PRESIDENT GTW PROPERTY MANAGEMENT INC. (Firm/Company)
P. O. Box 5048 (Address)
WE wah if ch ka, Florida 32465 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (850) 827 1848 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2009

Glenn Snipes G & W Property Management Inc. P.O. Box 5048 Wewahitchka, FL 32465

SUBJECT: G & W PROPERTY MANAGEMENT INC

Ref. Number: P06000118065

We have received your document for G & W PROPERTY MANAGEMENT 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 must have original signatures.

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) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 309A00024518

2009 AUG -4 AM 8: 00
SEGRETARY OF STATE

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: SECRETARY OF STATE TALLAHASSEE, FLORIDA FIRST: The name of the corporation as currently filed with the Florida Department of State: G+W PROPERTY MANAGEMENT INC. The document number of the corporation (if known): \(\begin{aligned} \textit{P06000118065} \end{aligned} \) SECOND: The date dissolution was authorized: 12 - 30 - 08THIRD: Effective date of dissolution <u>if applicable:</u> 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) GLEN M SNIPES
(Typed or printed name of person signing)

PRESIDENT

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: G + W PROPERTY MANAGEMENT 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:

DATE WORK STARTED

DATE WORK COMPELETED

COPY OF QUOTE

COPY OF TAVOICE

PROOF OF PAYMENT

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

GLEN M SNIPES
6183 DOC Whitefield Rd.
WEWAhitch KA, FL 32465
MAIL P.O. BOX 5048 WEWAhitchKA, FL 32465

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.

GLEN M SNIPES

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