

PO6000135057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

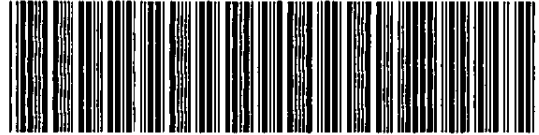
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600157086256

06/19/09--01043--017 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 19 AM 10:43

FILED

dis. w/NOT
C.COULLIETTE

JUN 23 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MCCORMICK COLLISION CENTER INC

DOCUMENT NUMBER: P06000135057

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

Please return all correspondence concerning this matter to the following:

PAUL F MCCORMICK SR

(Name of Contact Person)

(Firm/Company)

2762 MCCORMICK WOODS DRIVE

(Address)

JACKSONVILLE FL 32225

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL F MCCORMICK SR

(Name of Contact Person)

at (904) 7055096

(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:

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

MCCORMICK COLLISION CENTER, INC.

SECOND: The document number of the corporation (if known): P06000135057

THIRD: The date dissolution was authorized: 5/1/2009

Effective date of dissolution if applicable: 5/1/2009

(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:

Paul F. McCormick Jr.

(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)

PAUL F MCCORMICK SR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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: MCCORMICK COLLISION CENTER, 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:

SENDERS NAME & ADRESS

NATURE OF CLAIM

CERTIFIED LETTER ONLY

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

2762 MCCORMICK WOODS DRIVE

JACKSONVILLE FL 32225

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.

PAUL F MCCORMICK SR

Printed Name of the Person Filing

Paul F McCormick Sr

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00



National Registered Agents, Inc.
11600 College Boulevard
Suite 210
Overland Park, KS 66210
800.550.6724
Fax 913.851.0713

June 15, 2009

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: The Sobe Room, Inc.
Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned, The Sobe Room, Inc., please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Matt Thompson
National Registered Agents, Inc.

Enclosure - Check