## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003667743)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

fax Number : (850)617-6380

From:

Account Name : KORN & ZEHMER, P.A.

Account Number : 120020000036

: (904)280-0005

Fax Number

: (904)280-2901

## DISSOLUTION OR WITHDRAWAL HELDAN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN DEC 2 3 2019

TO: Amendment Section

(((H19000366774 3)))

## COVER LETTER

Division	of Corporation	S		
SUBJECT:	an, Inc.			
DOCUMENT N	ЛМВЕR:	0019412		
The enclosed Arti	cles of Dissolutio	n and fee are s	ubmitted for filing	<u>z</u> .
Please return all co	orrespondence co	ncerning this m	natter to the follow	ring:
Heather Crooker				
	(N	ame of Contact	Person)	
Kom & Zehmer, P.A				
		(Firm/Comp	pany)	
822 A1A North, Suite	315	-		
	•	(Address)		
Ponte Vedra Beach				
	(0	City/State and 2	Zip Code)	_
For further inform	ation concerning	this matter, ple	ase call:	
Heather Crooker		at	904-280-0005 x23	2
(Name	of Contact Person	)	(Area Code)	(Daytime Telephone Number)
Enclosed is a chec	k for the following	ig amount:		•
□ \$35 Filing Fee	□ \$43.75 Filing Certificate of \$	Status Cert (Add	3.75 Filing Fee & ified Copy itional copy is losed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations		Amen Divis The C 2415	t Address: adment Section ion of Corporations Centre of Tallabassee N. Monroe Street, Suite 810 bassee, FL 32303

## (((H19000366774 3)))

Pursuant to s of dissolutio	2319 pro 20 section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles Af- n:
PRST:	The name of the corporation as currently filed with the Florida Department of State:
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: December 20, 2019
	Effective date of dissolution if applicable: December 23, 2019
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
s	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 fahaclary, by that fidectury)
	Edward Pollan
	(Typed or printed name of ecroon signing)  Resident
•	(Title of person signing)

Filing Fee: \$35