P07000051805

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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	·
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Office Use Only



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Jodish Drother

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: QUALITY SIGN OF N	ORTHWEST FLORIDA INC
DOCUMENT NUMBER: P0700005	1805
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
URSULA	M BRIONES
(Name of	Contact Person)
	NORTHWEST FLORIDA INC
(Firr	n/Company)
	YWOOD AVENUE
(A	ddress)
	A, FLORIDA 32505
(City/Sta	te and Zip Code)
For further information concerning this ma	tter, please call:
URSULA M BRIONES	at (850) 525-5523
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee FL 32314	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:				
	QUALITY SIGN OF NORTHWESR FLORIDA, INC				
SECOND:	The document number of the corporation (if known): P07000051805				
THIRD:	The date dissolution was authorized: 03/01/2008				
	Effective date of dissolution <u>if applicable:</u> 03/01/2008 (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: Mules Pulls				
	(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)				
	URSULA M BRIONES				
	(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: QUALITY SIGN OF NORTHWEST FLORIDA INC	<u>C</u>		
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .			
Description of information that must be included in a claim:	A SEE	.80	
N/A	4元	\$	<u>n</u>
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	F.S.	⊐ڏ ယ္	
	REAL PROPERTY.	27	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporatio URSUKA N BRIONES	ns)		
2632 HOLLYWOOD AVENUE			
PENSACOLA, FLORIDA 32505			
A claim against the above named corporation will be barred unless a proceeding to enforce the within 4 years after the filing of this notice.	claim is	comm	enced
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(RSULATIONO) Imale	The	li	
Printed Name of the Person Filing Signature of the Perso	n Filing		

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