## P08000085496

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: P0800085496
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shery R. Anderson (VP)
Shery R. Anderson (VP)  (Name of Contact Person)  Anthony Stansberry + Associates, Inc. (Firm/Company)
935 Turtle Creek Drive North  (Address)  Tacksonville FL 3228
Tacksonville FL 3228 (City/State and Zip Code)
For further information concerning this matter, please call:
Shery R. Anderson at (904) 714-4680 ext. 129 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\times \text{\$43.75 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: STREET ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
t	Anthony Stansberry + Associates, INC
SECOND:	The document number of the corporation (if known): PO800008549
THIRD:	The file date of the articles of incorporation:
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:  (By a director, president of 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.)  (Typed or printed name of person signing)  Vice - 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: Anthony Stansberry + Associates, IN
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 Incurred
Name / Bysiness, Name
Claim / Claimant,
& (Business never started)
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
935 Turtle Creek Drive North
Jacksonville, FL 32218
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.
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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00