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Pursuant to of dissolution	The name of the corporation as currently filed with the Florida Department of State: 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	ECO-AUGER INTERNATIONAL, INC.
SECOND:	The document number of the corporation (if known): f10000042700
THIRD:	The date dissolution was authorized: 12/1/19
	Effective date of dissolution if applicable: DEC. 31, 2019
	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
	WINFIELD SCOTT AND FREUN (voting group)
	Signature: (By a director, presidence) 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)
	MICHAEL GRAHAM (Typed or printed name of person signing)
	(1) kog 21 krimin in king 1 - 18 - 0.
	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: ECO - AUGER INTERNATIONAL, 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:
VENDOR NAME, I) ATE OF SERVICE OR SALE, SERVICE PROVIDED.
OF ITEM PURCHASED AND AMOUNT OF CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
14255 US HWY 1 , SUITE 221
JUNO BEACH, FL . 33408
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.
WINFIELD SCOTT ANGERSON Winfielg Stoftholerson
Printed Name of the Person Filing Signature of the Person Filing