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To:				
	Division of Corporations			
		: (850)617-6380		
From:				
	Account Name	: JONES FOSTER P.A		
	Account Number	: 076077003231		
	-1	(

Account Name	:	JONES FOSTER P.A.
Account Number	:	076077003231
Phone	:	(561)650-0471
Fax Number	:	(561)650-5300

DISSOLUTION OR WITHDRAWAL

GREAT LAKES AGRA CORPORATION			
Certificate of Status	0		
Certified Copy	1		

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Estimated Charge	\$43.75



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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: GREAT LAKES AGRA CORPORATION
SECOND:	P11000020469 The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: APRIL 12, 2021
	Effective date of dissolution if applicable: (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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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 fiduciary, by that fiduciary)

HELGA MICHELBACH

(Typed or printed name of person signing)

PRESIDENT

('Litle of person signing)

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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.

GREAT LAKES AGRA CORPORATION

The above named corporation is the subject of dissolution and the effective date of a dissolution is:

APRIL 12, 2021

(date filed with the Dept, if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

NAME OF CLAIMANT, AMOUNT OF CLAIM, BASIS OF CLAIM, STATEMENT REGARDING WHETHER

CLAIM IS SECURED, PRIORITY, UNSECURED, CONTINGENT, CONDITIONAL, OR UNMATURED.

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

DAVID E. HOWERS	
JONES FOSTER P.A.	
505 SOUTH FLAGLER DRIVE, SUITE 1100	A 28
WEST PALM BEACH, FLORIDA 33401	
	5. [3] [3] [3]

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commencedwithin 4 years after the filing of this notice.

DAVID E. BOWERS

Printed Name of the Person Filing

) ž.____

Signature of the Person Filing

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

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