

P11000091052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

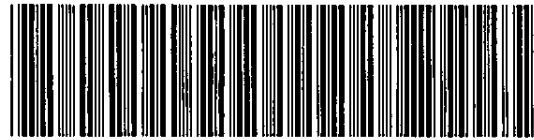
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

*Christine
McLough gave
permission to
correct the
Date Diss.
Authorized.*

Office Use Only



300267232933

01/14/15--01024--010 **10.00

12/18/14--01008--021 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL 32301

15 JAN 12 PM 4:01

FILED

*Voldis
01-15-15
DC*

1-13-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 24, 2014

CHRISTINE J. MCCOY
29311 N.W. CR. 241
ALACHUA, FL 32615

SUBJECT: UNDO DURUS, INC.
Ref. Number: P11000091052

We have received your document for UNDO DURUS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 414A00027181

RECEIVED
JAN 12 PM 2:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of corporation

DOCUMENT NUMBER: P11000091052

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine J. McCoy

(Name of Contact Person)

Undo Durus Inc

(Firm/Company)

29311 N.W. CR 241

(Address)

Alachua, FL 32615

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine J. McCoy

(Name of Contact Person)

at (386) 418-0677

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
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:

Undo Dorus Inc

SECOND: The document number of the corporation (if known): P11000091052

THIRD: The date dissolution was authorized: December 31, 2014

Effective date of dissolution if applicable: filing date
(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

Christine J. McCoy
(voting group)

Signature: Christine J. McCoy
(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)

Christine J. McCoy
(Typed or printed name of person signing)

personal representative of SEAN CASEY DONOVAN (deceased)
(Title of person signing)

Filing Fee: \$35