

PII 000097274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

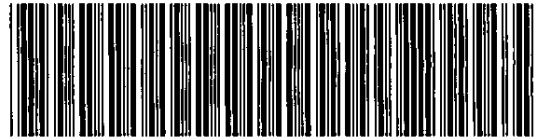
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



800290096958

12/29/16--01003--014 \*\*10.00

09/12/16--01043--019 \*\*25.00

FILED  
DEC 28 P 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 04 2015

T. LEMUEUX

Diss

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Under Payment - Payment enclosed

**DOCUMENT NUMBER:** P11000097274

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

Please return all correspondence concerning this matter to the following:

Craig McKinnon  
(Name of Contact Person)

Craig McKinnon, Inc  
(Firm/Company)

370 Beekenhaven Walk Drive  
(Address)

Dacula GA 30019  
(City/State and Zip Code)

For further information concerning this matter, please call:

old address  
11753 West Atlantic Blvd  
#26  
Coral Springs, FL 33071

Craig McKinnon at 678 571 2190  
(Name of Contact Person) (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)

already paid  
\$25.00

**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

*Due to address change  
Did not receive Notice  
until Oct 15, 2016*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2016

CRAIG MCKINNEN  
370 BECKEHAM WALK DR  
DACULA, GA 30019

SUBJECT: CRAIG MCKINNON INC  
Ref. Number: P11000097274

We have received your document for CRAIG MCKINNON INC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The attached form must be completed in order to file the document.

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.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 316A00019972

## 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:

Craig McKinnon, Inc

SECOND: The document number of the corporation (if known): D11000097274

THIRD: The date dissolution was authorized: Aug 19, 2016

Effective date of dissolution if applicable: Aug 19, 2016

(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: Adoption of Dissolution (CHECK ONE)

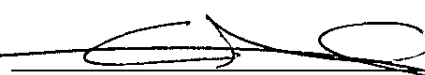
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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

(1) Craig McKinnon only member  
(voting group)

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)

Craig McKinnon  
(Typed or printed name of person signing)

owner  
(Title of person signing)

FILED  
DEC 28 P 2:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA