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(Requestor's Name)	_			
(Address)	_			
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(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
	_			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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	_			
Special Instructions to Filing Officer.				
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Dissolution				
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Office Use Only



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S. CHATHAM

SEP 12.2023

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Dissolution of CMG Appraisals, Inc. due to death SUBJECT: **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laura Gann (Name of Contact Person) CMG Appraisals, Inc. (Firm/Company) 17942 Hancock Bluff Road Dade City, Florida 33525 (Address) 17942 Hancock Bluff Road Dade City, Florida 33525 (City/State and Zip Code) For further information concerning this matter, please call: __ at (\frac{813}{\text{Area Code & Daytime Telephone Number)}} Laura Gann (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 CMG Appraisals, Inc.	of State:		
SECOND:	The document number of the corporation (if known):			
THIRD:	The file date of the articles of incorporation:			
FOURTH:	H: None of the corporation's shares have been issued.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been to the shareholders, if shares were issued.	en distributed		
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.	297 K	-	
Sign	sature: Laura B. Hann	CD -		
	By a director, president or other officer - if directors or officers have not been selected, by an in in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ncorporator – if ယ္		
	Laura Budz Gann	တိ		
	(Typed or printed name of person signing)			
	Trustec			
	(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:	
The above named corporation is the subject of dissolution an 07/31/2023	d the effective date of a dissolution is:
(date filed with the Dept, if date spe	ecified in the Articles of Dissolution)
Description of information that must be included in a claim:	
Claimant Name, Address, phone number on invoice showing claim	amount and detail of products or goods
	2623
	<u> </u>
	Co
-	<u> </u>
Laura Gann	
17942 Hancock Bluff Rd, Dade City FL 33525	
-	
A claim against the above named corporation will be barred within 4 years after the filing of this notice.	unless a proceeding to enforce the claim is commenced
	D CO M
Laura Gann	- Duna K. Dam
Printed Name of the Person Filing	Signature of the Person Filing

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