# P12000059379

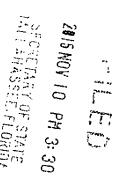
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: DISSOLUTION	-
DOCUMENT NUMBER: P12000059379	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
JAMES DUNN	
(Name of	f Contact Person)
SIDING SOFFIT FASCIA INC	
(Fi	rm/Company)
5580 63 WAY NORTH	
(/	Address)
ST PETERSBURG FL 33709	
(City/St	tate and Zip Code)
For further information concerning this m	atter, please call:
JAMES DUNN	at ( <sup>727-831-9842</sup>
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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	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: SIDING SOFFIT FASCIA INC				
SECOND:	The document number of the corporation (if known):	76: 76:	2415		
THIRD:	The date dissolution was authorized:	[pr   7] 	AON		
	Effective date of dissolution if applicable:		0		
	(no more than 90 days after dissolution of the 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 cawas sufficient for approval.	st for disso	olution		
	☐ Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled			
	The number of votes cast for dissolution was sufficient for approval by				
	(voting group)				
;	Signature:  (By a dilector, 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)				
	JAMES DUNN				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of pageon cinning)				

## 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.