

P12000 102 177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

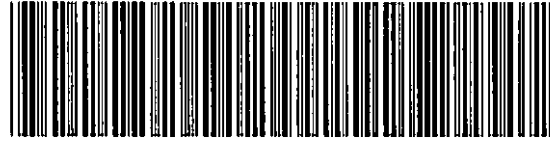
(Business Entity Name)

(Document Number)

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07/22/19--01023--023 \*\*35.00

2019 JUL 27 PM 12:27

Any Diss  
w/notice

JUL 27 2019

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J.J. CUNNIFF MANAGEMENT, INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P12000102177  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

William J. Maguire  
\_\_\_\_\_

(Name of Contact Person)

Maguire Law Chartered  
\_\_\_\_\_

(Firm/Company)

400 Columbia Drive, Suite 100  
\_\_\_\_\_

(Address)

West Palm Beach, FL 33409  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

William J. Maguire  
\_\_\_\_\_

(Name of Contact Person)

at (561)687-8100  
\_\_\_\_\_

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:

J.J. Cunniff Management, Inc.

SECOND: The document number of the corporation (if known): P12000102177

THIRD: The date dissolution was authorized: 12/31/2018

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: 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

\_\_\_\_\_  
(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)

Alice Marie Cunniff

\_\_\_\_\_  
(Typed or printed name of person signing)

Authorized Signatory and Director

\_\_\_\_\_  
(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: J.J. CUNNIFF MANAGEMENT, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name and contact info. for claimant; amount claimed; basis and nature of claim, including whether claim is contingent,

disputed, or unliquidated. Examples of basis of claim include Goods sold, money loaned, lease, services

performed, personal injury or wrongful death, or credit card. Include whether or not claim is secured.

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

400 Columbia Drive, Suite 100, West Palm Beach, FL 33409

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

Alice Cuniff, as authorized signatory and director of J.J. Cuniff Management, Inc.

ALICE CUNIFF  
Printed Name of the Person Filing

Alice Cuniff  
Signature of the Person Filing

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