

PIB 0000 41247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

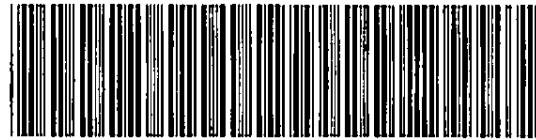
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pro Driver Placement, Inc.

DOCUMENT NUMBER: P13000041247

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

Please return all correspondence concerning this matter to the following:

Yvonne Williams
(Name of Contact Person)

Pro Driver Placement, Inc.
(Firm/Company)

~~243 East Savoy Street~~ 12789 CB 101
(Address)

~~Lecanto, FL 34461~~ Oxford, FL 34484
(City/State and Zip Code)

For further information concerning this matter, please call:

Yvonne Williams at (615) 815-7068
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUL 23 PM 8:49

June 22, 2020

YVONNE WILLIAMS
PRO DRIVER PLACEMENT INC
243 EAST SAVOY STREET
LECANTO, FL 34461

SUBJECT: PRO DRIVER PLACEMENT, INC.
Ref. Number: P13000041247

We have received your document for PRO DRIVER PLACEMENT, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 220A00012324

*I received this letter and completed
the attached documents enclosed.*

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:

Pro Driver Placement, Inc.

SECOND: The document number of the corporation (if known): P13000041247

THIRD: The date dissolution was authorized: 5-31-2019

Effective date of dissolution if applicable: 5-31-2019

(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature:

Yvonne Williams

(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)

Yvonne Williams

(Typed or printed name of person signing)

Secretary

(Title of person signing)

2020 JUL 23 AM 8:25

Filing Fee: \$35