

P13000056790

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolving Remodel Right, Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** 46-3145871  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Suzette Locklear  
\_\_\_\_\_

(Name of Contact Person)

Remodel Right, Inc  
\_\_\_\_\_

(Firm/Company)

P.O. Box 350455  
\_\_\_\_\_

(Address)

Jacksonville, FL 32235  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzette Locklear  
\_\_\_\_\_

(Name of Contact Person)

at (904) 874-3316

(Area Code) (Daytime Telephone Number)

*email - SuzetteLocklear@gmail.com*

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### 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:  
REMODEL RIGHT INC

SECOND: The document number of the corporation (if known): P13000056790

THIRD: The date dissolution was authorized: JANUARY 31, 2021

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

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)

Suzette Locklear

(Typed or printed name of person signing)

President/Owner

(Title of person signing)

**Filing Fee: \$35**

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000056790

Entity Name: REMODEL RIGHT INC

Current Principal Place of Business:

7235 BONNEVAL RD  
JACKSONVILLE, FL 32256

Current Mailing Address:

P O BOX 350455  
JACKSONVILLE, FL 32235 US

FEI Number: 46-3145871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOCKLEAR, SUZETTE  
7235 BONNEVAL RD  
JACKSONVILLE, FL 32256 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: SUZETTE LOCKLEAR

01/23/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES

Name LOCKLEAR, SUZETTE

Address P O BOX 350455

City-State-Zip: JACKSONVILLE, FL 32235

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears above, or on an attachment withal other like empowered.*

SIGNATURE: SUZETTE LOCKLEAR

PRESIDENT

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date