

P15 000005817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700284569557

04/18/16--01021--004 **25.00

05/11/16--01017--008 **10.00

FILED
16 MAY -9 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V/D W/K

MAY 12 2016

R. WHITE

4841 NW 18 Court
Lauderhill, FL 33313
April 15, 2016

Registration Section
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please process the dissolution for the following:

BOYLES FAMILY INVESTMENT COMPANY INC
Document#: P000005817

If necessary, you may contact:

Freda Boyles – 954-739-6936

Sincerely,

A handwritten signature in cursive script that reads "Freda Boyles".

Freda Boyles



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2016

FREDA BOYLES
4841 NW 18 CT
LAUDERHILL, FL 33313

SUBJECT: BOYLES FAMILY INVESTMENT COMPANY INC.
Ref. Number: P15000005817

We have received your document for BOYLES FAMILY INVESTMENT COMPANY INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 516A00008287

RECEIVED
16 MAY -9 PM 4:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: P000005817

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

Please return all correspondence concerning this matter to the following:

Freda Boyles
(Name of Contact Person)

Boyles Family Investment Company Inc
(Firm/Company)

4841 NW 18 Court
(Address)

Lauderhill FL 33313
(City/State and Zip Code)

For further information concerning this matter, please call:

Freda Boyles at (954 739-6936)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 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
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:

Boyles Family Investment Company Inc

SECOND: The document number of the corporation (if known): P000005817

THIRD: The date dissolution was authorized: January 31, 2016

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)

Freda Boyles

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
16 MAY -9 AM 11:05
STATE OF FLORIDA
TALLAHASSEE

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: Boyles Family Investment Company 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 of individual
Type of claim; Date of claim; Amount, if any
Statement signed by the President or Vice President of Boyles
Family Investment Company, Inc. which would indicate a
claim valid.

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

Freda Boyles
4841 NW 18 Court
Lauderhill FL 33313

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.

Freda Boyles
Printed Name of the Person Filing

Freda Boyles
Signature of the Person Filing

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