

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	İ
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<u> </u>
Special Instructions to Filing Officer:	
	!
	<u> </u>
	<u> -</u> -

Office Use Only



000303035800

09/06/17--01004--012 **35.00

17 SEP -5 PH 3: 57

WDWW SEP () 7 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Thornwood V	/entures, Inc
DOCUMENT NUMBER: P1500000	62655
The enclosed Articles of Dissolution	and fee are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
Richard T. Smithmyer	
(INa	me of Contact Person)
Thornwood Ventures, Inc	
	(Firm/Company)
2509 e Earth St	
	(Address)
Inverness, FL 34453	
(C	ity/State and Zip Code)
For further information concerning the	nis matter, please call:
Richard T. Smithmyer	at (352-422-6584
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount:
State of \$43.75 Filing Fee □ \$43.75 Filing Fee Certificate of \$tagent Certificate of \$tagent	cee & \$\bigcup \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) 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 of dissolut	11	atutes, this Florida profit corporation submits the following	g articles
FIRST:	The name of the corporat	ion as currently filed with the Florida Department of State:	:
SECOND:	The document number of	the corporation (if known):	
THIRD:	The date dissolution was	authorized: August 1, 2017	
	Effective date of dissoluti	ion if applicable: August 1, 2017 (no more than 90 days after dissolution file date)	
	Note: If the date inserted in the not be listed as the document?'s	is block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	s date will
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was appro was sufficient for appr	oved by the shareholders. The number of votes cast for diss roval.	solution
	☐ Dissolution was appro	oved by the shareholders through voting groups.	
	The following statement n to vote separately on the	nust be separately provided for each voting group entitled plan to dissolve:	
	The number of votes cast i	for dissolution was sufficient for approval by	F IL F
			PM 3: 57
		or other officer-if directors or officers have not been selected, by hands of a receiver, trustee, or other count appointed fiduciary, by	
	that fiduciary)	maids of a receiver, trustee, or other court appointed inductary, by	
	Richard T. Smithmyer		
	(Typed or	printed name of person signing)	
	President		
	(Țitl	le 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: _____ 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 2509 e Earth St Inverness, FL 34453 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. Richard T. Smithmyer Printed Name of the Person Filing

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