## P16000011824

| (Re                     | questor's Name)   |              |
|-------------------------|-------------------|--------------|
| (Ad                     | dress)            | <del>-</del> |
| (Ad                     | dress)            |              |
| (Cit                    | y/State/Zip/Phon  | e #)         |
| PICK-UP                 | ☐ WAIT            | MAIL         |
| (Bu                     | siness Entity Nai | me)          |
| (Do                     | cument Number)    | )            |
| Certified Copies        | _ Certificate     | s of Status  |
| Special Instructions to | Filing Officer:   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

| SUBJECT: VOLUNTARY DISSOLUTION -           | ANDERSON FUNERAL HOME INC.  |
|--|---|
| DOCUMENT NUMBER: P16000011824              | · · · · · · · · · · · · · · · · · · ·   |
| The enclosed Articles of Dissolution and t | fee are submitted for filing.   |
| Please return all correspondence concernin | g this matter to the following:   |
| MYRA ANDERSON                              |   |
| (Name of                                   | Contact Person)   |
| ANDERSON FUNERAL HOME INC.                 |   |
| (Fin                                       | m/Company)  |
| 16712 FOOTHILL DRIVE                       |   |
| (A   | ddress)   |
| TAMPA, FLORIDA 33624                       |   |
| (City/Sta                                  | ate and Zip Code)   |
| For further information concerning this ma | tter, please call:  |
| MYRA ANDERSON                              | at ()   |
| (Name of Contact Person)                   | at ()(Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amou | unt:  |
| ■ \$35 Filing Fee                          | □ \$43.75 Filing Fee & □ \$52.50 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         | STREET ADDRESS: Amendment Section   |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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: ANDERSON FUNERAL HOME, INC  |
|----------|--|
| SECOND:  | The document number of the corporation (if known):   |
| THIRD:   | The file date of the articles of incorporation:  |
| FOURTH:  | (CHECK AT LEAST ONE BOX)   |
|          | ■ None of the corporation's shares have been issued.   |
|          | The corporation has not commenced business   |
| FIFTH:   | No debt of the corporation remains unpaid.  The net assets of the corporation remaining after winding up have been distributed.  |
| SIXTH:   | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.   |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)  |
|          | ☐ A majority of the incorporators authorized the dissolution.  |
|          | A majority of the directors authorized the dissolution.  |
|          |  |
| Sign     | ature: What Andersa  |
|          | (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.) |
|          | MYRA ANDERSON  |
|          | (Typed or printed name of person signing)  |
|          | PRESIDENT  |
|          | (Title of Person Signing)  |

Filing Fee: \$35