

P1600000

21192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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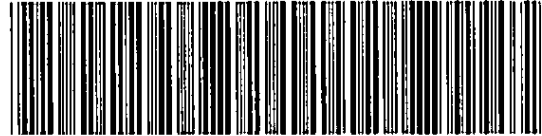
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 25 PM 6:50

*Dissolution*

DEC 19 2019

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corporate Dissolution

**DOCUMENT NUMBER:** P16000021192

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

Please return all correspondence concerning this matter to the following:

Traci Samuel

(Name of Contact Person)

FLORIDA GUARDIANSHIP SERVICES, INC.

(Firm/Company)

4905 34th Street South Box 6500

(Address)

Saint Petersburg, FL 33711

(City/State and Zip Code)

For further information concerning this matter, please call:

Traci Samuel

at ( 517-256-0403

(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

**Street Address:**  
Amendment Section

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STATE OF FLORIDA  
CLERK OF SUPERIOR COURT  
19 NOV 25 PM 6:50  
TALLAHASSEE, FLORIDA

# Articles of Dissolution

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State  
FLORIDA GUARDIANSHIP SERVICES, INC.

SECOND: The document number of the corporation (if known): P16000021192

THIRD: The date dissolution was authorized: 11/20/2019

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, it 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)

Traci Samuel

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

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11 FEB 25 PM 6:50  
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TALLAHASSEE, FLORIDA