

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H17000292528 3)))



H170002925283ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (305)552-5973  
 Fax Number : (305)675-5944

**DISSOLUTION OR WITHDRAWAL**  
**LOGGINS AND LOGGINS INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

17 NOV -6 PM 5:54

FLORIDA  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 6 2013  
 11:09 AM  
 TALLAHASSEE, FLORIDA

17 NOV -6 AM 9:17

FILED

NOV 07 2017  
 S. YOUNG

H17000292528

## 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:

LOGGINS AND LOGGINS INC.

SECOND: The document number of the corporation (if known): P1600000512448

THIRD: The date dissolution was authorized: 11 / 3 / 17

Effective date of dissolution if applicable: 11 / 3 / 17  
(no more than 90 days after dissolution file date)

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: Thomas Leon Loggins

(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)

THOMAS LEON LOGGINS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

H17000292528

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 NOV - 6 AM - 9:12

FILED