

P18 0000 73733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

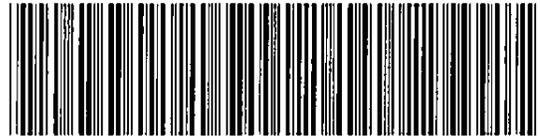
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/02/24 -01006 -002 **35.00

STATE OF FLORIDA
TALLAHASSEE, FL
2024 APR 02 PM 12:40

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G. HUNT

Call 2/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation - Grantwood and Associates, Inc.

DOCUMENT NUMBER: P18000073733

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

Please return all correspondence concerning this matter to the following:

Karen Grant

 (Name of Contact Person)

GRANTWOOD AND ASSOCIATES, INC.

 (Firm/Company)

1285 Smoke Rise Lane

 (Address)

Tallahassee, FL 32317

 (City/State and Zip Code)

RECEIVED
 STATE
 TALLHASSEE, FL
 11-2 PM 12:40
 JD

For further information concerning this matter, please call:

Karen Grant _____ at (850) 559-1705
 (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
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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:
GRANTWOOD AND ASSOCIATES, INC.

SECOND: The document number of the corporation (if known): P18000073733

THIRD: The date dissolution was authorized: 12/31/2023

Effective date of dissolution if applicable: 06/30/2024
(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: Karen Grant
(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)

Karen Grant
(Typed or printed name of person signing)

Vice President
(Title of person signing)

Filing Fee: \$35

REC'D
DEPT OF STATE
TAMPA, FL
JUN 30 2 12:40 PM

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: GRANTWOOD AND ASSOCIATES, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 06/30/2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

2024 JUN 30 PM 12:40
DIVISION OF STATE
TALLAHASSEE, FL

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

GRANTWOOD AND ASSOCIATES, INC.

1285 SMOKE RISE LANE

TALLAHASSEE, FL 32317

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.

KAREN GRANT

Printed Name of the Person Filing



Signature of the Person Filing

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