P430000 16124

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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GOLDEN MAY - 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissol	ution of 3 Way Construction	Company of Tampa	
DOCUMENT NU	P93000016124		
The enclosed Artic	cles of Dissolution and	fee are submitted for filing.	
Please return all co	orrespondence concernir	ng this matter to the following:	
Robert Fischer			
	(Name of	Contact Person)	
3 Way Construction C	Company of Tampa		
	· (Fir	m/Company)	
14833 Shaw Rd.			
	در)	Address)	
Tampa, Fl. 33625			
	(City/Sta	ate and Zip Code)	\
For further informa	ation concerning this ma	atter, please call:	
Robert Fischer		at (
(Name o	of Contact Person)	(Area Code) (Daytime Tele	ephor e Number)
Enclosed is a check	k for the following amou	unt:	
■ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee &	of Status & opy
MAILING.	ADDRESS:	STREET ADDRESS	<u>\$:</u>

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



April 23, 2019

ROBERT FISCHER 14833 SHAW ROAD TAMPA, FL 33625

SUBJECT: 3 WAY CONSTRUCTION COMPANY OF TAMPA

Ref. Number: P93000016124

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II



Letter Number: 119A00008140

FILED

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the 2616 bing a Gic Ret 12: 43 of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department o 'State: 3 Way Construction Company of Tampa			
SECOND:	P 93000016124			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: APRIL 15, 2019			
	(no more than 90 days after dissolution life 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:	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 e utitled to vote separately on the plan to dissolve:			
	The number of votes cast for dissolution was sufficient for approval by			
	100			
	(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)			
	mac nucerary)			
	Robert Fischer			
	(Typed or printed name of person signing)			
	President			
	(Title 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 unki own 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: 3 Way Construction Company of Tampa
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
NAME OF PARTIES MAKING CLAIM DATE, LOCATION AND DESCRIPTION OF DANAGES AMOUNT OF CLAIM CONTACT PERSON
DATE, LOCATION MND DESCRIPTION OF DANHES
AMOUNT OF CLAIM
CONTACT PERSON
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
14833 Shaw Rd, Tampa, Fl. 33625
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Robert Fischer Malat Findu
Printed Name of the Person Filing Signature of the Person Filing