

P93000077500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

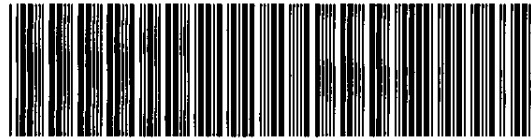
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



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05/31/11--01025--009 **43.75

FILED
11 MAY 31 PM 12:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Voldis w/notice
Thurs
6-1-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MICHIANA COMPANY INC

DOCUMENT NUMBER: PP93000077500

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

Please return all correspondence concerning this matter to the following:

JOHN B. BYRNE

(Name of Contact Person)

MICHIANA COMPANY INC

(Firm/Company)

9425 BLIND PASS RD. #406

(Address)

ST PETE BEACH, FL. 33706

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN B. BYRNE

(Name of Contact Person)

at (727) 363.6014

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$5

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

11 MAY 18 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2011

JOHN B. BYRNE
MICHIANA COMPANY, INC.
9425 BLIND PASS ROAD, #406
ST. PETE BEACH, FL 33706

SUBJECT: MICHIANA COMPANY, INC.
Ref. Number: P93000077500

Enclosed

We have received your document for MICHIANA COMPANY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 911A00012424

RECEIVED

11 MAY 31 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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:

MICHIANA COMPANY, INC.

SECOND: The document number of the corporation (if known): P93000077500

THIRD: The date dissolution was authorized: 01.01.2011

Effective date of dissolution if applicable: 03.01.2011

(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: _____

(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)

JOHN B. BYRNE

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
11 MAY 31 PM 12:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fee: \$35

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: MICHIANA COMPANY INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Date and all documents relating to any claim

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

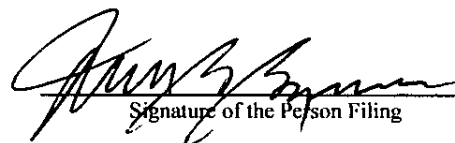
9425 Blind Pass Rd. #406

St Pete Beach, Fl. 33706

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.

John B. Byrne

Printed Name of the Person Filing

 27.04.11

Signature of the Person Filing

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