

P94000012648

(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



800042815418

*diss*

RECEIVED  
DEC 29 2004  
11:20 AM  
TALLAHASSEE, FLORIDA

FILED  
04 DEC 29 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*00030,00624,00672



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 28, 2004

CSC  
Atten: Darlene Ward  
1201 Hays Street  
Tallahassee, FL 32301

SUBJECT: BLUEBIRD GROVES, INC.  
Ref. Number: P94000012648

We have received your document for BLUEBIRD GROVES, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The document must have original signatures.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Document Specialist

Letter Number: 804A00071735

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

**FIRST:** The name of the corporation as currently filed with Department of State:

BLUEBIRD GROVES, INC.

**SECOND:** The document number of the corporation (if known): PS4000012648

**THIRD:** The file date of the articles of incorporation was: 2/15/1994

**FOURTH:** (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

**FIFTH:** No debt of the corporation remains unpaid.

**SIXTH:** The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

**SEVENTH:** Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 18<sup>th</sup> day of Dec, 2004.

Signature: Jane Chapin

(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.)

Jane Chapin

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

04 DEC 29 AM 11:20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA