

P94000080938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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09/06/16--01024--010 \*\*35.00

S. TALLENT

OCT 10 2016

16 OCT - 7 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

V/D-w/notice



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2016

HARROLL CASTLE  
ACCLAIM CORP.  
4497 HIGHWAY 20 WEST  
FREEPORT, FL 32439

SUBJECT: ACCLAIM CORPORATION OF NORTHWEST FLORIDA  
Ref. Number: P94000080938

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):

IF YOU WISH TO FILE THE NOTICE OF DISSOLUTION, THE FORM MUST BE FULLY COMPLETED.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 616A00019776

RECEIVED  
16 OCT -7 PM 3:37  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACCLAIM CORPORATION OF NORTHWEST FLORIDA

**DOCUMENT NUMBER:** P94000080938

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

Please return all correspondence concerning this matter to the following:

HARROLL CASTLE  
(Name of Contact Person)

ACCLAIM CORP.  
(Firm/Company)

4497 HIGHWAY 20 WEST  
(Address)

FREEPORT, FLORIDA 32439  
(City/State and Zip Code)

For further information concerning this matter, please call:

HARROLL CASTLE at (850-835-1060)  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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:

ACCLAIM CORPORATION OF NORTHWEST FLORIDA

SECOND: The document number of the corporation (if known): P94 000080938

THIRD: The date dissolution was authorized: 8-29-2016

Effective date of dissolution if applicable: \_\_\_\_\_

(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: 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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

HARROLL CASTLE

(Typed or printed name of person signing)

CHAIRMAN, PRESIDENT & SECRETARY

(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 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: ACCLAIM CORPORATION OF NORTHWEST  
FLORIDA

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:

Claimant's name, address, amount of claim,

description of claim, date of claim.

Backup for claim amount, for example, <sup>original</sup> invoice.

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

4497 HIGHWAY 20 WEST  
FREEDPORT, FLORIDA 32439

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.

HARROLL CASTLE

Printed Name of the Person Filing

HCastle

Signature of the Person Filing

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