P96000001900

(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

500212027625

09/30/11--01003--005 **43.75

RECEIVED
2011 SEP 30 AM 10:06
SUFFICIENCY OF FILING

FILED
11 SEP 30 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss w NOT

C.COULLIETTE

SEP 30 2011

EXAMINER

CORPORATE ACCESS, INC.

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 9/30 Gina

- [x] CERTIFIED COPY
- [ ] PHOTOCOPY
- [ ] CUS
- [x] FILING ARTICLES of Dissolution

1. Anderson Masonry Contractors, Inc P96000001900
(CORPORATE NAME AND DOCUMENT #)

2. (CORPORATE NAME AND DOCUMENT #)

3. (CORPORATE NAME AND DOCUMENT #)

4. (CORPORATE NAME AND DOCUMENT #)

5. (CORPORATE NAME AND DOCUMENT #)

6. (CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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:

ANDERSON MASONRY CONTRACTORS, INC.

SECOND: The document number of the corporation (if known): P96000001900

THIRD: The date dissolution was authorized: September 30, 2011

Effective date of dissolution if applicable: September 30, 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)

FILED
11 SEP 30 AM 10:48
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)

Daniel S. Anderson
(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 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: ANDERSON MASONRY CONTRACTORS, 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:

Name of claimant

Address of claimant

Copy of work order or invoice supporting claim

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

3768 Kori Road

Jacksonville, Florida 32257

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.

Daniel S. Anderson
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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANDERSON MASONRY CONTRACTORS, INC.

DOCUMENT NUMBER: P96000001900

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

Please return all correspondence concerning this matter to the following:

Daniel S. Anderson
(Name of Contact Person)

Anderson Masonry Contractors, Inc.
(Firm/Company)

3768 Kori Road
(Address)

Jacksonville, Florida 32257
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel S. Anderson at (904) 268-1717
(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