P96000004280

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: ANDREW MICHAEL INVESTIGATIONS, INC. DOCUMENT NUMBER: P96000064280 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEVE RICHARDSON (Name of Contact Person) (Firm/Company) 18506 TURTLE DRIVE (Address) **LUTZ FLORIDA 33549** (City/State and Zip Code) For further information concerning this matter, please call: STEVE RICHARDSON (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ✓ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section Division of Corporations Division of Corporations-P.O. Box 6327 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:				
	ANDREW MICHAEL INVESTIGATIONS, INC.				
SECOND:	The document number of the corporation (if known): P96000064280				
THIRD:	The date dissolution was authorized: 4/30/06				
	Effective date of dissolution if applicable: 4/30/06 (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 of 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				
					Signature: Stan Dichardson (By a director, president or other officer - if directors or officers have not been selected, by
	Signature: Stand Dichardson (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)				
	STEVE RICHARDSON				
	(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 Corpo	ration: ANDREW MICHAEL INVESTIGATIONS, INC.
	ion will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.
Description of i	nformation that must be included in a claim:
	
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	STEVE RICHARDSON
	18506 TURTLE DRIVE
	LUTZ FLORIDA 33549
 5 ∧	
	the above named corporation will be barred unless a proceeding to enforce the claim is commenced fter the filing of this notice.
STEVE RIC	CHARDSON Star a Dichardon
	Printed Name of the Person Filing Signature of the Person Filing