

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150003059313)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : THE WILL LAWYER, P.A.

Account Number : I20140000007

Phone

: (850)650-7299

Fax Number

: (850)650-1499

DISSOLUTION OR WITHDRAWAL ULLRICH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 3 1 2015

D CUSHING

(H150003059313)

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Articles of Dissolution for Ulbrich, I	inc.		_
DOCUMENT NUMBER: P96000090956			_
The enclosed Articles of Dissolution and t	fee are submitted for filir	ng.	
Please return all correspondence concernin	g this matter to the follow	wing:	
William G. Kilpatrick, Jr., Esq.		•	
(Name of	Contact Person)	** co	- -
The Will Lawyer, P.A.			030
(Fin	m/Company)	The Section	29
4476 Legendary Drive, Suite 201			A S
(A	ddress)		
Destin, FL 32541			0
(City/Sta	ate and Zip Code)		
For further information concerning this ma	atter, please call:		
William G. Kilpatrick, Jr.	at (850-650-7299		
(Name of Contact Person)		(Daytime Telephone N	ımber)
Enclosed is a check for the following amou	ınt:		
■ \$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 of Certified Copy (Additional copy is enclosed)	&
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (H150003059313)	Ame Divi Clift 2661	EET ADDRESS: Indment Section Is on of Corporations In Building I Executive Center Circle I Exacutive Tables	•

(H150003059313)

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: Ullrich, Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: 1/1/2016
	(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)
\$	Signature: (De 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)
	Richard E. Ullrich
	(Typed or printed name of person signing)
	President
	(Title of person signing)

(H15000305931 3)

(H150003059313)

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:			
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:	ZSE SEE	55	
Name of Claimant	포스	DEC	11
Amount of Claim	(A) 2	29	quares .
Nature of events giving rise to such claim	14	A	; · · ·
	2		•
	Lts-	-	•
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation 318 Racetrack Road NW	ons)		
	ons)		
318 Racetrack Road NW		s com	nenced