

P97000014494

Barbara D. Sargent
Sargent Enterprises
PO Box 253
Indian Rocks Beach FL 33785

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #) 000003243230--4
-05/08/00--01128--006
*****35.00 *****35.00
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☒ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY -8 PM 1:45

FILED

Examiner's Initials

ll 5/8

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 is: SARGENT ENTERPRISES INC.
15008 Madeira Way - Madeira Beach, FL 33708

SECOND: The date dissolution was authorized: FEBRUARY 1, 2000

THIRD: 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 vote 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

(voting group)

Signed this 30th day of April, 2000

Signature

Barbara D. Sargent
(By the Chairman or Vice Chairman of the Board, President, or other officer)

BARBARA D. SARGENT
(Typed or printed name)

PRESIDENT
(Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY - 8 PM 1:45

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