

P97000020465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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UD/w nst

T. Roberts MAY 11 2006

FILED
06 MAY -4 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUTCHINS TITLE SERVICES, INC.

DOCUMENT NUMBER: P97000020465

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

Please return all correspondence concerning this matter to the following:

THERESALYNNE KURTZ

(Name of Contact Person)

(Firm/Company)

7500 CORONET ROAD

(Address)

MULBERRY, FL 33860-8307

(City/State and Zip Code)

For further information concerning this matter, please call:

THERESALYNNE KURTZ

(Name of Contact Person)

at (863) 602-1032

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
CUTCHINS TITLE SERVICES, INC.

SECOND: The document number of the corporation (if known): 97000020465

THIRD: The date dissolution was authorized: APRIL 27, 2006

Effective date of dissolution if applicable: APRIL 27, 2006
(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)

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)

THERESALYNNE KURTZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: CUTCHINS TITLE SERVICES, 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	EXPLANTATION OF CLAIM
ADDRESS OF CLAIMANT	AMOUNT OF CLAIM
CONTACT PERSON	PROOF OF CLAIM
PHONE NUMBER	
ACCOUNT NUMBER OR OTHER REFERENCE	


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

7500 CORONET ROAD
MULBERRY, FL 33860-8307

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.

THERESALYNNE KURTZ

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