## P97000075988

(Ке	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
•	,	,
PICK-UP	☐ WAIT	MAIL
	siness Entity Nar	ne)
(Do	cument Number)	
(= -	,	
Califord Carlos	O	a of Otal
Certified Copies	_ Cennicates	s or Status
Special Instructions to	Filing Officer:	

Office Use Only



900087857699

02/14/07--01003--011 \*\*35.00

FILED

OF FEB IN PHIZ: 21

SECURE LARY OF STATE
SECURE SECRETIONID.

D:55.



January 25, 2007

Robert E. Hull Robert E. Hull Associates, Inc. 5112 Crossings Parkway Birmingham, AL 35242

SUBJECT: ROBERT E. HULL ASSOCIATES, INC.

Ref. Number: P97000075988

Enclosed is information on how to voluntarily dissolve a Florida profit corporation. I apologize that you did not receive any information previously.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Letter Number: 307A00005984

Susan Payne Senior Section Administrator

## Robert E. Hull Associates, Inc.

5112 Crossings Parkway Birmingham, Alabama 35242 January 18, 2007

Division of Corporations P. O. Box 8800 Tallahassee, FL 32314

Dear Sir:

Robert E. Hull Associates, Inc., 11825 Oak Ridge Drive, Parrish, Florida 34219-9021, Document # P97000075988 has been dissolved.

An attempt was made to dissolve the Corporation on your website; however, that was not possible and no replies were received from my phone message and my E-mail.

Sincerely,

Robert E. Hull, President

Robert E. Hull Associates, Inc.

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Robert E. HULL ASSOCIATES, INC.
DOCUMENT NUMBER: <u>P97000075988</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
Robert E. HULL ASSOCIATES TAK. (Dissolved)
(Firm/Company)
5112 Crossings Parkway (Address)
Bix MinghAM, AL 35242 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Hull at (205) 430-8101 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status &  (Additional copy is enclosed)  (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Departm	aent of S	state:	
	Robert E. HULL ASSOCIATES, TAK.	·		
SECOND:	The document number of the corporation (if known): P920000	<u> 759</u> 8	8	
THIRD:	The file date of the articles of incorporation: $\frac{9/2}{9}$		s	
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been to the shareholders, if shares were issued.	distribut	ed	
SEVENTH:	Adoption of Dissolution (CHECK ONE)			
	A majority of the incorporators authorized the dissolution.	SE(	07	
	A majority of the directors authorized the dissolution.	CRETARY OF ST	FEB 14 PH 12: 2	
Sign	ature:  (By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorp	*******	· if
	Robert E. HULL (Typed or printed name of person signing)	-		
	Resident (Title of Person Signing)	-		

Filing Fee: \$35