

P97000084022

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(Business Entity Name)

(Document Number)

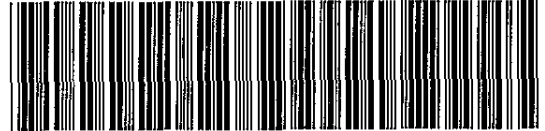
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Art Diss/w/notice
@ 3/30/04 CUS



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03/17/04--01077--004 **43.75

FILED
04 MAR 30 PM 1:10
TALLAHASSEE, FLORIDA

FILED
04 MAR 30 PM 1:10
FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FLORIDA

SUBJECT: WILLIAM TROYAN INC

Please return all correspondence concerning this matter to the following:

PUNTA GORDA FL 33950-6577
(City/State/and Zip Code)

CARTER TROYAN at (877) 443-4867
(Name of Person) (Area Code & Daytime Telephone Number)

☐ \$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 & Certified Copy (Additional copy is enclosed)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 22, 2004

CARTER TROYAN
WILLIAM TROYAN INC.
1133 BAL HARBOR BLVD.
PUNTA GORDA, FL 33950-6574

SUBJECT: WILLIAM TROYAN INC.
Ref. Number: P97000084022

We have received your document for WILLIAM TROYAN INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU FAILED TO SIGN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 004A00018646

RECEIVED
04 MAR 30 AM 8:32
DIVISION OF CORPORATIONS

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 Department of State:

WILLIAM TROYAN INC

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

THIRD: The date dissolution was authorized:

MARCH 11, 2004

Effective date of dissolution if applicable:

MARCH 11, 2004

(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

(voting group)

Signed this _____ day of _____

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)

CARTER TROYAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
MAR 30 PM 1:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: WILLIAM TROYAN 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:

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

1133 BAL HARBOR BLVD
PUNTA GORRA FL 33950-6574

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.

CARTER TROYAN

Printed Name of the Person Filing

Carter Troyan

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00