

P98000013109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



300242225793

12/26/12--01037--030 **43.75

EFFECTIVE DATE

12-31-12

12 DEC 26 PM 3:50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Diss. w/Notice

JAN - 2 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: P98000013109

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

Please return all correspondence concerning this matter to the following:

DENNIS L. HORTON

(Name of Contact Person)

DENNIS L. HORTON, P.A.

(Firm/Company)

900 West Highway 50

(Address)

Clermont, Florida 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

DENNIS L. HORTON

(Name of Contact Person)

at (352)

394-4008

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$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)

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

EFFECTIVE DATE
12-31-12

FIRST: The name of the corporation as currently filed with the Department of State is
SMITH'S NURSERY OF CENTRAL FLORIDA, INC.

SECOND: The document number of the corporation is P98000013109

THIRD: The date dissolution was authorized: December 17, 2012

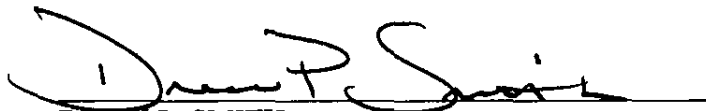
Effective date of dissolution: December 31, 2012

FOURTH: Adoption of Dissolution (CHECK ONE)

 X 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:*


DREW P. SMITH
President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 26 PM 3:50

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: SMITH'S NURSERY OF CENTRAL FLORIDA, 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)

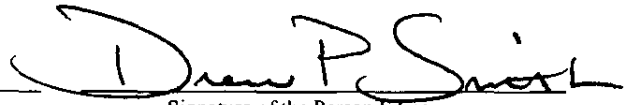
115 Atlantic Avenue

Mascotte, Florida 34753

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.

DREW P. SMITH

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