

P98000022838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900041246829

*less with
notice*

01/23/04--01002--008. **\$35.00

DIVISION OF CORPORATION

04 SEP 22 PM 3:54

RECEIVED

DR
9/23/04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 SEP 22 PM 4:54
FILED

Cooper, Byrne, Blue & Schwartz, PLLC
Requestor's Name

3520 Thomasville Road, Suite 200
Address

Tallahassee FL 32309 850-553-4300
City/State/Zip Phone #

Office Use Only

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

1. FLORIDA Demere & Associates, Inc. P98000022838
(Corporation Name) (Document #)
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	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF DISSOLUTION
OF
FLORIDA DEMERE & ASSOCIATES, INC.**

FILED
04 SEP 22 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Section 607.1403, Florida Statutes, the undersigned Corporation adopts these Articles of Dissolution.

**ARTICLE I
Name: Release of Name**

The name of the Corporation is Florida Demere & Associates, Inc. The Corporation hereby waives any rights or claim to the name "Florida Demere & Associates, Inc.", and releases the use of said name upon filing of these Articles of Dissolution.

**ARTICLE II
Authorization**

The Corporation's dissolution was authorized pursuant to the vote of its directors and shareholders, made by written action in lieu of the special meeting as permitted by Chapter 607, Florida Statutes. One hundred percent (100%) of the votes cast were in favor of the dissolution, which was sufficient for approval pursuant to law.

**ARTICLE III
Effective Date**

These Articles of Dissolution shall take effect immediately upon their acceptance for filing by the appropriate office of the Florida Department of State (the "Effective Date").

**ARTICLE IV
Plan of Distribution of Assets**

Upon the Effective Date of these Articles of Dissolution or as soon as practicable thereafter, the assets of the Corporation shall be applied and distributed as follows:

- (1) First, to the payment of any and all just debts and obligations of the Corporation; and
- (2) Then to the payment of any and all administrative and other costs of the orderly dissolution and liquidation of the Corporation (if any) including, but not limited to, any legal and accounting fees; and
- (3) Then the remaining assets of the Corporation (if any) shall be distributed to its shareholders.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed by the undersigned duly authorized officer of the corporation.

FLORIDA DEMERE & ASSOCIATES, INC.

By: *Laurna J. Been*
Laurna J. Been
Its: President

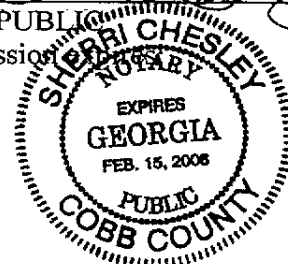
STATE OF *Georgia*
COUNTY OF *DeKalb*

ACKNOWLEDGED before me this *14* day of *September*, 2004, by Laurna J. Been, as President of Florida Demere & Associates, Inc., on behalf of said corporation. He is personally known to me or produced _____ as identification.

Print Name *Sherri Chesley*

NOTARY PUBLIC

My commission



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 Section 607.1407, Florida Statutes.

Names of Corporation: **Florida Demere & Associates, Inc.**

Date of dissolution will be the date the dissolution is filed with the Department of State as specified in the Articles of Dissolution.

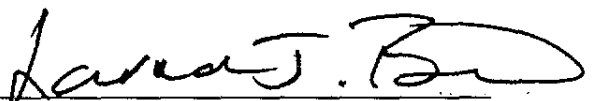
Description of Information that must be included in a claim:

1. Name, address and telephone number of claimant
2. Type of services performed
3. Date services performed
4. Invoice date and number

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations):
3520 Thomasville Road, Suite 200
Tallahassee, FL 32309

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.

FLORIDA DEMERE & ASSOCIATES, INC.

By: 
Laura J. Been, Its President

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