

P980000044196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

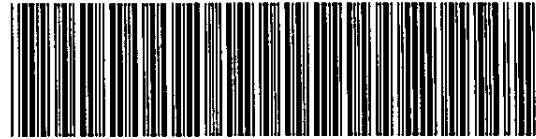
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 JAN 13 PM 4:29

100293484051  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DEC 29 2016  
C McNAIR

JAN 30 2017  
C McNAIR

January 9, 2017

Attn: Cheryl R. McNair – Regulatory Specialist  
Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Bullard Pools, Inc.  
Ref No. P98000044196  
Letter Number 216A00027698

17 JAN 13 PM 4:30  
DIVISION OF CORPORATIONS  
FLORIDA DEPT. OF STATE

Dear Ms. McNair:

Please find enclosed the correct form to dissolve a for profit corporation, Bullard Pools, Inc. Per your letter you retained our payment for the \$35 filing fee submitted with our original dissolution request so I have not included another check.

Thank you for your help. Should you need any additional information or if we've omitted any required forms please contact me at your earliest convenience.

Sincerely,

BULLARD POOLS, INC.



Ann Bullard  
Secretary

Enclosure

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BULLARD POOLS, INC

RECEIVED  
DIVISION OF CORPORATIONS  
17 JAN 13 PM 4:30

**DOCUMENT NUMBER:** P98000044196

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

Please return all correspondence concerning this matter to the following:

ANN BULLARD

(Name of Contact Person)

BULLARD POOLS, INC.

(Firm/Company)

2361 BLACK FOREST PLACE

(Address)

ST. JOHNS, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

ANN BULLARD

904-234-5002

at (

(Name of Contact Person)

(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

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:  
BULLARD POOLS, INC.

SECOND: The document number of the corporation (if known): P98000044196

THIRD: The date dissolution was authorized: DECEMBER 1, 2016

Effective date of dissolution if applicable: DECEMBER 31, 2016

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

ANN BULLARD

\_\_\_\_\_  
(Typed or printed name of person signing)

SECRETARY

\_\_\_\_\_  
(Title of person signing)