

P98000051725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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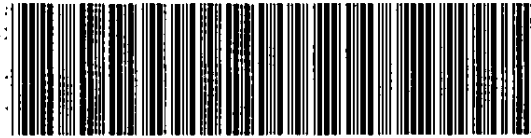
(Business Entity Name)

(Document Number)

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FILED  
10 JUN 17 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Art Diss/cc  
w/notice  
Ra 6/18/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Raver Roofing, Inc. (Articles of Dissolution)

**DOCUMENT NUMBER:** P98000051725

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

Please return all correspondence concerning this matter to the following:

Kathleen Foust, P.R. of B. Raver Estate, C/O Sancha Brennan Whynot  
(Name of Contact Person)

The Brennan Law Firm  
(Firm/Company)

P.O. Box 2706  
(Address)

Orlando, Florida 32802-2706  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Foust at ( 407 ) 870-5878  
(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:  
Raver Roofing, Inc.

SECOND: The document number of the corporation (if known): P98000051725

THIRD: The date dissolution was authorized: June 10, 2010

Effective date of dissolution if applicable: same  
(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 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: Kathleen M. Raver

(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)

Kathleen Raver, as Personal Representative of the Estate of Bradley Raver

(Typed or printed name of person signing)

President and Secretary

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA  
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## 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: Raver Roofing, 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:

Name and address of claimant, nature and amount of the claim, address for  
which the claim is related, date of installation, nature of and/or list of services  
and products contracted for, copy of executed contract for product and or  
services

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

Raver Roofing

c/o Kathleen Foust, as PR at Heart of Florida Guardians, Inc.

17 S. Orlando Avenue

Kissimmee, 34741

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.

Kathleen Foust, as PR

Printed Name of the Person Filing

Kathleen M. Foust  
Signature of the Person Filing

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