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(Requestor's Name)

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Notice

R. WHITE

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17 DEC -8 PM 12:05  
STC 116 0700 1471  
TAL LAMARCO 011 0711

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** STUTZMAN CONSULTING, INC

**DOCUMENT NUMBER:** P98000076851

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

Please return all correspondence concerning this matter to the following:

JAMES STUTZMAN

(Name of Contact Person)

STUTZMAN CONSULTING, INC

(Firm/Company)

1765 LORELEI LANE

(Address)

THE VILLAGES, FL 32162

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES STUTZMAN

(Name of Contact Person)

at (813 831-6600

(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

*This is a Notice of  
Corporation Dissolution  
for a Dissolution of Corp  
filed electronically on*

*12-5-17*

*Confirmation #~~778~~  
# 00306353040*

*Doc # P980000 76851*

Filing Fee: \$35

**Notice of Corporate Dissolution**

FILED

17 DEC -8 PM 12:05

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.

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: STUTZMAN CONSULTING, 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, ADDRESS, AND TELEPHONE NUMBER OF THE CREDITOR, DESCRIPTION OF THE CLAIM INCLUDING THE AMOUNT ALLEGEDLY OWED: COPIES OF ANY AND ALL SUPPORTING DOCUMENTS THAT ARE EVIDENCE OF THE DEBT.

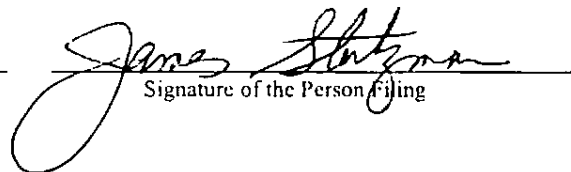
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1765 LORELEI LANE, THE VILLAGES 32162

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.

James Stutzman

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