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1/26/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

	neters GP, Inc.		
DOCUMENT NU	JMBER:		
The enclosed Artic	cles of Dissolution and fo	ce are submitted for filing	
Please return all co	orrespondence concerning	g this matter to the following	ng:
Linda McGurn			
	(Name of	Contact Person)	
	(Firm	n/Company)	
101 SE 2nd Place Ste	117		
	(Ac	ddress)	
Gainesville, FL 32601	l		
	(City/Sta	te and Zip Code)	
For further inform	ation concerning this mad	tter, please call:	
Linda McGurn		352 352-6172 x5	
(Name o	of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ S52.50 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Watermeters GP, Inc.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable:			
	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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
	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)			
	Kenneth R. McGurn			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

Filing Fee: \$35