

P980000 84246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

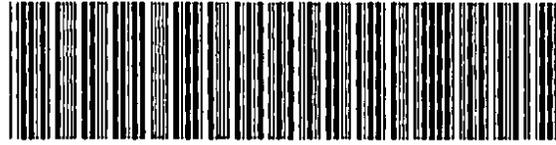
(Document Number)

Additional Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Active entity

Office Use Only



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05/29/23--01006--002 ♦♦35.00

6.23.23 9:31

R WHITE
JUN 30 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 20 5:12:37

June 17, 2020

RECEIVED
JUN 20 2020

NORMAN TODD
P.O. BOX 88
LABELLE, FL 33975

SUBJECT: GROVE CRAFTERS, INC.
Ref. Number: P98000084246

We have received your document for GROVE CRAFTERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The revocation of dissolution cannot be filed on an active entity. If you are intending to file articles of dissolution, please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 720A00011931

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF GROVE CRAFTERS, INC

DOCUMENT NUMBER: P 98000084246

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

Please return all correspondence concerning this matter to the following:

NORMAN Todd, PRESIDENT
(Name of Contact Person)

GROVE CRAFTERS, INC
(Firm/Company)

P.O. Box 88
(Address)

LA BELLE FLORIDA 33975
(City/State and Zip Code)

For further information concerning this matter, please call:

NORMAN Todd at (863 675 7382)
(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
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:

GROVE CRAFTERS, INC.

SECOND: The document number of the corporation (if known): P98000084246

THIRD: The date dissolution was authorized: 29 DECEMBER 2019

Effective date of dissolution if applicable: 29 DECEMBER 2019
(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

2019 . 29 PM 9:31

Signature: Norman Todd

(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)

NORMAN Todd, PRESIDENT
(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35

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: GROVE CRAFTERS, INC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

29 DECEMBER 2019
(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

NO UNPAID ACCOUNTS
NO INCOME DUE IN

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

NORMAN Todd
P.O. BOX 88
LA BELLE, FL 33975

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.

NORMAN Todd
Printed Name of the Person Filing

NORMAN Todd
Signature of the Person Filing

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