## 79900015547

(I	Requestor's Name)			
(/	Address)	-		
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOlution of Profit Corporation
DOCUMENT NUMBER: P99 000015547
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donnie King (Name of Contact Person)
Protesional masonry Contractors, Inc. (Firm/Company)
2920 Stonewall Place
(Address)
Sanford Ft. 32773  (City/State and Zip Code)  For further information concerning this matter, please call:  1/861 Hrwd wson at (401) 322-45775
Schrodovson at (401) 322-4577 = 8 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (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

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FIRST:	The name of the corporation as currently filed with the Florida Department of	f State:		
	Protessional masonry contractor	3.10	C -	
SECOND:	The document number of the corporation (if known) 2900015547			
THIRD:	The date dissolution was authorized: 3 3 2001	····		
	Effective date of dissolution if applicable: 12/31/2006 (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 was sufficient for approval.	for dissol	ution	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by	SECRE TALLAH	07 API	
	All	TARY IASSE	APR 12	
	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)	OF STATE E. FLORIDA	AH 10: 57	, (
	(Typed or printed name of person signing)			
	President Divector. (Title of person signing)			

Filing Fee: \$35