## P99000 44054

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: | î                                       |
|--|---|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)   Certified Copies Certificates of Status  | (Requestor's Name)                      |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)   Certified Copies Certificates of Status  |   |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Address)                               |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |   |
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| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number) .  Certified Copies Certificates of Status  |   |
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| (Document Number) . Certified Copies Certificates of Status  | PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status  |   |
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| Special Instructions to Filing Officer:  | Certified Copies Certificates of Status |
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## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |
|---|--|
| SUBJECT: Nancy R. McManus, Inc.   |  |
| DOCUMENT NUMBER: P99000044054   |  |
| The enclosed Articles of Dissolution and fee are sub  | mitted for filing.   |
| Please return all correspondence concerning this matt   | er to the following:   |
| MCMANUS, NANCY R  |  |
| (Name of Contact Po   | erson)   |
| Nancy R. McManus, Inc.  |  |
| (Firm/Compan  | у)   |
| 1901 S.W. CERTOSA ROAD  |  |
| (Address)   |  |
| PORT ST. LUCIE FL 34953   |  |
| (City/State and Zip   | Code)  |
| For further information concerning this matter, please  | ecail:   |
|   | 772 ) 878-1181   |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:   |  |
| Certificate of Status Certifie  | nal copy is Certified Copy   |
| 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:  |  |  |
|---------|---|--|--|
|         | Nancy R. McManus, Inc.  |  |  |
| SECOND  | The document number of the corporation (if known): P99000044054   |  |  |
| THIRD:  | The date dissolution was authorized: 03/18/2008   |  |  |
|         | Effective date of dissolution if applicable: (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   |  |  |
|         | Directors 是   |  |  |
|         | (voting group)  APR -3 AM  SSET S   |  |  |
|         | Signature:  (By a director, president of 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) |  |  |
|         | MCMANUS, NANCY R  |  |  |
|         | (Typed or printed name of person signing)   |  |  |
|         | President   |  |  |
|         | (Title of person signing)   |  |  |

Filing Fee: \$35