

554889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

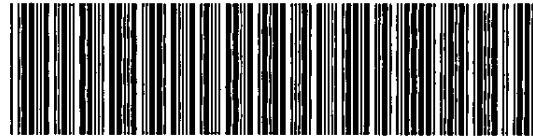
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

# **GRUNDER & PETTEWAY, P.A.**

*Attorneys at Law*

*Real Estate • Probate • Estate Planning • Corporate/Small Business*

23349 NW CR 236, Ste. 10  
High Springs, Florida 32643

Telephone (386) 454-1298  
Fax (386) 454-7496

**Gary D. Grunder**

**Kyle E. Petteway**

April 16, 2014

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Dissolution

To Whom It May Concern:

Please find enclosed Articles of Dissolution for CBT of High Springs, Inc. I have also enclosed a copy. If you will please stamp the copy and send it back to me in the envelope I have provided I would greatly appreciate it.

If you have any questions please do not hesitate to contact me.

Sincerely,



Summer L. McLaughlin

Enclosures as noted

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** S54889

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

Please return all correspondence concerning this matter to the following:

Summer L. McLaughlin

(Name of Contact Person)

Grunder & Petteway, P.A.

(Firm/Company)

23349 NW CR 236, Ste. 10

(Address)

High Springs, FL 32643

(City/State and Zip Code)

For further information concerning this matter, please call:

Summer L. McLaughlin at ( 386 ) 454-1298 x223

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

14 APR 21 PM 9:31  
 SECRETARIAL  
 TALLAHASSEE  
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**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:  
CBT of High Springs, Inc.

SECOND: The document number of the corporation (if known): S54889

THIRD: The date dissolution was authorized: 4-16-14

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

\_\_\_\_\_  
(voting group)

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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)

Justin W. Ellison  
(Typed or printed name of person signing)

President  
(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: CBT of High Springs, 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, an Address of Claimant and Nature of Claim.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

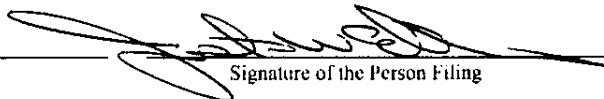
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2489 NW 10th St.  
Bell, FL 32619  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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.

Justin W. Ellison  
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**