## 560816

Office Use Only



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## **COVER LETTER**

FO: Amendment Section  Division of Corporations	
Division of Corporations	
SUBJECT: Dissolution of Perkins Mobile Home Service, Inc	
DOCUMENT NUMBER: S66816	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sandra Perkins	
(Name of Contact Person)	
RE: Perkins Mobile Home Service, Inc.	
(Firm/Company)	
3477 Hilma Road	
(Address)	
Jacksonville, FL 32244	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Sandra L Perkins at (904 ) 759-6453	
(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, \$\sum \\$Certificate of Status & \$\sum \\$Certified Copy & \$\sum \\$Certified C	
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section	

**Division of Corporations** 

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:  Perkins Mobile Home Service, Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: June 30, 2014
	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)
	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)
	Sandra L Perkins
	(Typed or printed name of person signing)
	Vice 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:\_\_\_\_Perkins Mobile Home Service, 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, job address, permit number (if applicable), date of service performed. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 8477 Hilma Road, Jacksonville, FL 32244 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. Sandra L Perkins Printed Name of the Person Filing