

S70046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

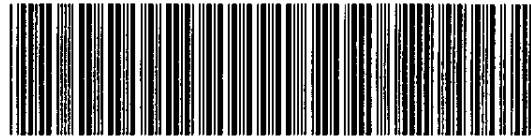
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300201996723

04/18/11--01018--003 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 27 PM 1:40

Amr Diss
w/notice
@ 4.28.11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of American Glass, Inc.

DOCUMENT NUMBER: S70046

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

Please return all correspondence concerning this matter to the following:

Thomas Tukdarian, Esq.

(Name of Contact Person)

Law Office of Thomas Tukdarian, P.A.

(Firm/Company)

7575 Dr. Phillips Boulevard, Suite 360

(Address)

Orlando, Florida 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Tukdarian, Esq.

(Name of Contact Person)

at (407) 363-7880

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2011

THOMAS TUKDARIAN, ESQ.
LAW OFFICE OF THOMAS TUKDARIAN, P.A.
7575 DR. PHILLIPS BOULEVARD - STE. 360
ORLANDO, FL 32819

SUBJECT: AMERICAN GLASS, INC.
Ref. Number: S70046

We have received your document for AMERICAN GLASS, 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 document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 811A00009404

ARTICLES OF DISSOLUTION OF AMERICAN GLASS, INC.

The undersigned, constituting the only remaining director or officer of **AMERICAN GLASS, INC.** (the "Corporation") having the votes necessary to authorize or take the following action pursuant to Section 607.1403, Florida Statutes, hereby submits the following articles of dissolution and instructs the Division of Corporations to enter this articles of dissolution in the official records of the Florida Department of State, Division of Corporations and will enter a copy in the Record Book of the Corporation.

1. The name of the Corporation as currently filed with the Florida Department of State is: AMERICAN GLASS, INC.
2. The document number of the Corporation is: S70046
3. The date dissolution was authorized was: April 4, 2011
4. The Effective date of dissolution of the Corporation was: April 4, 2011
5. Dissolution.

RESOLVED, Dissolution was duly approved by the shareholders, and the number of votes cast for dissolution was sufficient for approval.

DATED as of April 7, 2011.

Barbara Sorenson
Barbara Sorenson, Vice President

NOTICE OF CORPORATE DISSOLUTION

This notice is submitted by the dissolved corporation named below for resolution of payment of known and unknown claims against this corporation as provided by Fla. Stat. §607.1407, and §§607.1403, .1405, and .1406.

[Please note that this "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution]

- 1) Name of Corporation: **AMERICAN GLASS, INC.**
- 2) Date of dissolution is the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution, whichever is earlier.
- 3) Description of information that must be included in a claim:

Full name, address, telephone number, fax number and e-mail address of claimant

Amount of claim; invoice, statement or purchase order date, number and identifier

General description of claim, and detailed explanation of basis for claim


Identity of any security for claim, and any documents supporting claim

Mailing address where claims can be sent: (Notice: do not send claims to the Division of Corporations)

5250 Michigan Avenue, Sanford, Florida 32771

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.

Barbara Sorenson


Signature