

PO2 000082439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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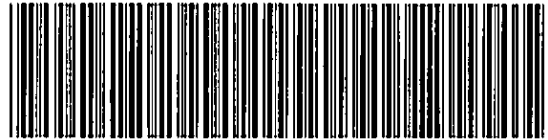
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**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF OLD CGS, INC.

**DOCUMENT NUMBER:** PO2000082439

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

Please return all correspondence concerning this matter to the following:

ROBERT D FINE  
(Name of Contact Person)

OLD CGS, INC.  
(Firm/Company)

1212 CINESSA PL  
(Address)

ORLANDO, FL 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT FINE at ( 407 760-7199 )  
(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

