

04000120003
Page 1 of 1
GENERAL
P04000112836

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000123155 3)))



H150001231553ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : GENERAL SOLUTIONS INC
Account Number : I20140000086
Phone : (305)255-3310
Fax Number : (305)355-3320

DISSOLUTION OR WITHDRAWAL
ANP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED
15 MAY 21 AM 10:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2015 MAY 21 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

MAY 22 2014
C. CARROTHERS

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

ANP INC

SECOND: The document number of the corporation (if known): P04000112836

THIRD: The file date of the articles of incorporation: 08/02/2004

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

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.)

PARISMAL MAJUMDAR

(Typed or printed name of person signing)

DIRECTOR

(Title of Person Signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 21 AM 8:40

FILED