331406

(Requestor's Name)
(Address)
(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:
J DERIMS
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Office Use Only



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ECRETARY OF STATE

1. I.C.E.D.

COVER LETTER

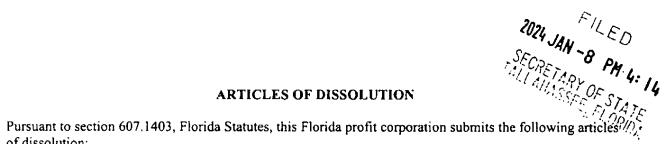
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Dissol	ution of Colorda Southern IN	С	
DOCUMENT NU	JMBER:		·
The enclosed Arti	cles of Dissolution and i	fee are submitted for filin	g.
Please return all co	orrespondence concernin	g this matter to the follow	ving:
Paul Joeckel			
	(Name of	Contact Person)	
	(Fіп	n/Company)	
18620 Cypress Haven	Drive		
	(A	ddress)	*
Fort Myers, FL 33908	3		
	(City/Sta	te and Zip Code)	
For further informa	ation concerning this ma	tter, please call:	
Paul Joeckel		at (³⁰³⁻⁴⁸³⁻⁵¹²⁷	
(Name o	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check	c for the following amou	nt:	
□ \$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		Amen Divisi	t Address: Idment Section Ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Colorado Southern INC			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: 12/31/2023			
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
	Signature: (By a director, president or other officer - Af 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) Paul Joeckel			
	(Typed or printed name of person signing)			
	President (Title of person gigning)			

Filing Fee: \$35

Notice of Corporate Dissolution

SECRETARY OF STATE

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. Colorado Southern INC Name of Corporation: The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: buildings and property were destroyed in IAN huricane Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 18620 Cypress Haven Dr., Fort Myers, FL 33908 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. Paul Joeckel 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