

# 405269

Florida Department of State  
Division of Corporations  
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**\*RE-SUBMIT\***

To:

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

Please retain original filing  
date of submission 4/13

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**DISSOLUTION OR WITHDRAWAL  
COASTAL STATES INDUSTRIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

*Attn: Brenda Tadlock  
245-6030*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coastal States Industries, Inc.

**DOCUMENT NUMBER:** 405269

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

Please return all correspondence concerning this matter to the following:

Robert G. Avant

(Name of Contact Person)

ABM Janitorial Services, Inc.

(Firm/Company)

8101 W. Sam Houston Pkwy, S., Suite 150

(Address)

Houston, TX 77002

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert G. Avant

(Name of Contact Person)

at (713)

776-5100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:**

**Coastal States Industries, Inc.**

**SECOND:** The document number of the corporation (if known): 405269

**THIRD:** The date dissolution was authorized: 4/11/12

**Effective date of dissolution if applicable:**

(no more than 90 days after dissolution file date)

**FOURTH: Adoption of Dissolution (CHECK ONE)**

**X** Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of 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)

**Robert G. Avant**

(Typed or printed name of person signing)

**Vice President - Tax**

(Title of person signing)

**Filing Fee: \$35**

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CT CORPORATION

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