(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	 ne)
. (Do	cument Number)	
Certified Copies		of Status
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER ·

TO: Amendment Section
Division of Corporations
SUBJECT: NOTICE OF CORPORATE DISSOLUTION
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAX CoomBS
(Name of Contact Person)
COOMBS TOULS INC (Firm/Company)
(Firm/Company)
10428 DENOEU RD (Address)
(Address)
BOYNTON BEACH, FL 33472
(City/State and Zip Code)
For further information concerning this matter, please call:
MAX COOMBS at (561) 369-8787 (Name of Contact Person) (Area Code & Daytime Telephone Number
(Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & \$\times \text{\$43.75 Filing Fee & \$\times \text{\$52.50 Filing Fee,} \\ Certificate of Status & Certified Copy & (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following a of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: COOMBS TOOLS, INC.	
SECOND:	The document number of the corporation (if known): 554020	
THIRD:	The date dissolution was authorized: 12-27-2011	
	Effective date of dissolution if applicable: 12-27-2011 (no more than 90 days after dissolution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissol was sufficient for approval.	
	Dissolution was approved by 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 SECRETARY OF CO.	
	TARY OF STATE ASSEE FLORIDA	
	Signature: Coomles Tauls, Inc., Max Coomles President (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)	
	MAX COOMBS, PRESIDENT (Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claragainst 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.
Name of Corporation: COOMBS TOOLS, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
CONTRACT SIGNED AUTHORIZING OBLIBATION
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
MAX COOMBS
MAX COOMBS 10428 DENOEU ROAD BOYNTON BEACH, FL 33472
BOYNTON BEACH, FL 33472
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commutation and the state of the
Coomes Tools INC, MAX COOMES PRES, Max Comes, Pres
CoomBS Tools INC, MAX COOMBS PRES, Max Games, Pres Printed Name of the Person Filing Signature of the Person Filing