# 607344

(Requestor's Name)				
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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/D.	siness Entity Nar	ma\		
(60	isiness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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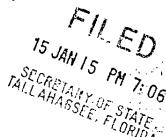
01/15/15--01014--010 \*\*35.00



(PRM) 1-16-15

#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 



SUBJECT: Corporate Dissolution
DOCUMENT NUMBER: 607344
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patrica G George
(Name of Contact Person)
Conspec Materials of Orlando, Inc.
(Firm/Company)
5403 W. Crenshaw Street
(Address)
Tampa, Florida 33634
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia G George		<sub>at (</sub> 813 ) 8	85-4324		
(Name of Contact Person)			(Area Code & Daytime Telephone Number		
Enclosed is a chec	ck for the following amou	ınt:			
<b>№</b> \$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

## 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:  Conspec Materials of Orlando, Inc.
SECOND:	The document number of the corporation (if known): 607344
THIRD:	The date dissolution was authorized: 06/30/2014
	Effective date of dissolution if applicable: 06/30/2014  (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 dissolution 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
	SA S
	(voting group)
	Signature:  (By a director, president or diver officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, on other court appointed fiduciary, by
	that fiduciary)
	Patricia G. George  (Typed or printed name of person signing)
	(Typed of printed fiathe of person signing)
	President

Filing Fee: \$35

(Title of person signing)

## Notice of Corporate Dissolution

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.

Name of Corporation: Conspec Materials of Orlando Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

I have encluded Form 966 which was filed with the Inter	nel
Revenue Service on 06/30/2014	
	;
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
5403 W. Crenshaw Street	
Tampa, Florida 33634	

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.

Patricia G. George

Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

241 09/02/2014 10:31 AM

# Form **9.66**

(Rev. December 2010)

# Corporate Dissolution or Liquidation

(Required under section 6043(a) of the Internal Revenue Code)

OMB No. 1545-0041

Department of the Treasury Internal Revenue Service		` '	•		
Name of corporation			Employer Identification number 59-1884472		
Number, street, and room or suite no. (if a P.O. box number, 5403 W. Crenshaw Street City or town, state, and ZIP code	see instructions.)	•	Check type of return  X 1120 1120-IC-DISC Other	1120-L 1120S	
1 Date Incorporated 2 Place Incorporated 01/22/79Florida		3 Type of liquidation  Complete Partial	4 Date resolution or plan of comport or partial figuidation was adopt 0 6/30/14		
Service Center where corporation filed its immediately preceding tax return  e-file	6 Last month, day, and year of immediately preceding tax year 06/30/13	7a Last month, day, and year of final tax year $06/30/14$	7b Was corporation's final tax returned filed as part of a consolidated income tax return? If "Yes," complete 7c, 7d, and 7e.	m	
7C Name of common parent	1 06/30/13	7d Employer identifica- tion number of common parent	76 Service Center where consolidated return was filed	•	
8 Total number of shares outstanding at time of add	option of plan of liquidat	ion	Common 200	Preferred	
9 Date(s) of any amendments to plan of dissolution					
10 Section of the Code under which the corporation is	is to be dissolved or liqu	uidated	336 (d)		
11 If this return concerns an amendment or supplem the previous Form 966 was filed	ent to a resolution or pl	an, enter the date			
Attach a certified copy of the r	resolution or plan and	all amendments or supp	plements not previously file	1.	
Under penalties of penury, I declare that have examined this return, includes true, correct, and complete.  Signature of officer Patricia George	uding accompanying schedules	·· .	my knowledge and belief, it	09/02/2012	
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