## A31321

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(-1.5,2.1.0.1.2.1.5.1.7
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations			
SUBJECT: (Name of	THE VC	CLMONT C		<del>-</del>
The enclosed Certi	ificate of Dissolution an	d fec(s) are submitted	for filing.	
Please return all co	orrespondence concernir	ng this matter to:		
ERIC	(Contact Person)	<del>4</del> -	e e e	
3569	(Firm/Company)	W BLYDA	4514	2006 FEB ~3
PACM	(Address)  (City, State and Zip Code)	FL 33x	fu	2006 FEB - 3 AM 10: 16
FLIC	ation concerning this management of the property of the proper	at (561)	Daytime Telephone Number	_
Enclosed is a chec	k for the following amo	ount:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDR Registration Section Division of Corporation Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle	Registration	Corporations 327	

## CERTIFICATE OF DISSOLUTION FOR