

G78383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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☐

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(Business Entity Name)

(Document Number)

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04/21/06--01006---006 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 APR 21 AM 10:06

voided w/notice

CBE
323 Summers Creek Drive, Merritt Island, FL 32952
Telephone: 321-459-2626

CERTIFIED MAIL

March 3, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32307-1500

Dear Sirs:


RE: Combined Business Enterprises, Inc.
FEI #59-2871507

As outlined in the enclosed copies of 03/02/06 e-mail to/from your Help Service, based on same, we wish to place the above on an "inactive status."

Please acknowledge receipt of our request in this regard and confirm we do not need to file the 2006 Annual Report.

Thank you.

Yours truly,



N. Bruce Fair,
President

Combined Business Enterprises, Incorporated

*I introduced / checked
the email
issue
in*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INACTIVE STATUS

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

N. BRUCE FAIR

(Name of Contact Person)

COMBINED BUSINESS ENTERPRISES, INC

(Firm/Company)

323 SUMMERS CREEK DRIVE

(Address)

MERRITT ISLAND FL 32952

(City/State and Zip Code)

For further information concerning this matter, please call:

N. BRUCE FAIR

(Name of Contact Person)

at (321) 453 1244

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$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:

COMBINED BUSINESS ENTERPRISES, INCORPORATED

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

G78383

THIRD:

The date dissolution was authorized: MARCH 1/06

Effective date of dissolution if applicable: MARCH 1/06

(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 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)

N. BRUCE FAIR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 APR 21 AM 10:06

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: COMBINED BUSINESS ENTERPRISES, 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:

- full details of claim, including: date

: amount

: basis of claim

claimant's name / address
etc

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

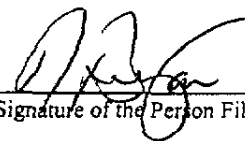
323 SUMMERS CREEK DRIVE

MERRITT ISLAND FL 32952

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.

N. BRUCE FAIR

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