

K052

FILED
Dec 22 1998 12:00 am
Secretary of State

John Alford
Requestor's Name
542 E Park Ave
Address
Tallahassee 32301 222-3314
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PIA Services of Florida, Inc
(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

EFFECTIVE DATE

12-31-98

☐ Walk in

☐ Pick up time

☐ Certified Copy

☒ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Statute

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLES OF DISSOLUTION OF
PIA SERVICES OF FLORIDA, INC.

NAME

The name of the Corporation being dissolved is PIA
Services of Florida, Inc. (the Corporation).

DATE

Dissolution was authorized by the Board of Directors of
the Corporation on August 5, 1998.

SHAREHOLDER APPROVAL

The dissolution of the Corporation was approved by its
sole shareholder which is the sufficient number for approval. The
liabilities of the Corporation have been paid in full, or
provisions have been made for payment in full.

EFFECTIVE DATE

The Corporation shall be dissolved effective December 31,
1998.

Dated this 14 day of December, 1998.

PIA SERVICES OF FLORIDA, INC.

By: Harold Marshall
As its: Gen. Vice President

STATE OF FLORIDA
COUNTY OF LEON

The foregoing was sworn to before me this 14 day of
December, 1998 by Harold Marshall, as
Gen. Vice President of PIA Services of Florida, Inc., who is
personally known to me/produced _____ as
identification.

Betty J. Simon
Notary Public-State of Florida
Print name: Betty J. Simon
My commission expires _____

