## 101000004552

(Rec	questor's Name)	
(Add	iress)	
(Áda	dress)	
(City	//State/Zip/Phone	#)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution Of Co	orporation
DOCUMENT NUMBER: NO100000	4552
The enclosed Articles of Dissolution and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Johnny Jackson, Director	
·	ontact Person) ERVICES OF CENTRAL FLORIDA, INC.
P.O. Box 100168	Company)
Palm Bay, FL 32910	dress)
(City/State a	and Zip Code)
For further information concerning this matter,	please call:
Johnny Jackson	at (321) 768-1079
(Name of Contact Person)	(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 & □ \$52.50 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 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State PUBLIC RADIO INFORMATION SERVICES OF CENTRAL FLORIDA, INC.	<b>e</b> :
SECOND:	The document number of the corporation (if known): N01000004552	
THIRD:	The file date of the articles of incorporation: 06/28/2001	
FOURTH	The corporation has not commenced to conduct its affairs.	
FIFTH:	No debts of the corporation remains unpaid.	<b>ಪ</b>
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	13 NOV 27 PM 11: 47
	The dissolution was authorized by a majority of the directors: OR	1:11 Hd
	☐ The dissolution was authorized by an incorporator.	<u> </u>
	☐ The dissolution was authorized by a majority of the incorporators.	
Sign	(By the chairman of the board, president or other officer- if directors have no selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduction that fiduciary)	
	Johnny Jackson	
	(Typed or printed name of person signing)	
	Director	
	(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 claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: PUBLIC RADIO INFORMATION SERVICES OF CENTRAL FLORIDA, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <b>Articles of Dissolution</b> .
Description of information that must be included in a claim:
Date Serviced and the Amount
Signed authorized contract for services
Account Numbers
Response Address - Contact Name
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
PUBLIC RADIO INFORMATION SERVICES OF CENTRAL FLORIDA, INC.
P.O. Box 100168
Palm Bay, FL 32910
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is comm

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

Signature of the Person Filing

within 4 years after the filing of this notice.

Printed Name of the Person Filing

Johnny Jackson