

N040000007649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

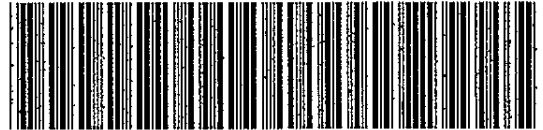
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/30/04
D.S.S.
zf

August 20, 2004

Department of State
Amendment Section, Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Subject: Community Services, Unlimited Docnum N04000007649

Dear Secretary of State:

Please accept the attached application for Articles of Dissolution of Community Services Unlimited Inc.

I have enclosed a check in the amount of \$35.00 along with the application.

Please feel free to contact me at the below if you have any questions:

Bobby M. Crume
940 Coral Ridge Dr. #204
Coral Springs, FL 33071
954 816 3398

Or
Tawny L. Crume
8029 NW 71st Ct
Tamarac, FL 33321
954 813 4215

Thank you for your time and consideration for this request.

Signed,


Bobby M. Crume


Tawny L. Crume

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is COMMUNITY SERVICES UNLIMITED, INC.

SECOND: Adoption of dissolution
(Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted
8/18/04

(CHECK ONE)

- ☐ The number of votes cast for dissolution was sufficient for approval.
- ☒ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

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TALLAHASSEE, FLORIDA

SECTION II

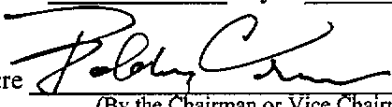
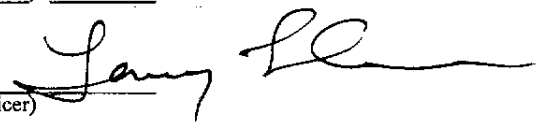
If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for the resolution
was _____ for and _____ against.

Signed this 20 day of AUGUST, 2004.

Signature  or 
(By the Chairman or Vice Chairman of the Board, President or other officer)

BOBBY M. CRUME, PRESIDENT

(Typed or printed name)

PRESIDENT

(Title)