

NO7000004438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

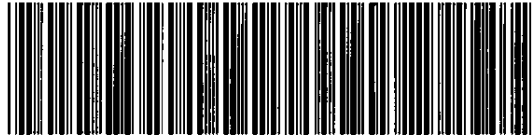
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400156008244

des

10/27/09--01014--014 **43.75

FILED

2009 OCT 27 PM 3:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

BoR

10/30/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of US Friends of CICS

DOCUMENT NUMBER: KP42-1699549

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

Please return all correspondence concerning this matter to the following:

J. Scott Elliott

(Name of Contact Person)

US Friends of CICS

(Firm/Company)

P.O. Box 10565

(Address)

Grand Cayman KY1-1005, Cayman Islands

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Elliott

(Name of Contact Person)

at (345) 323-9377

(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

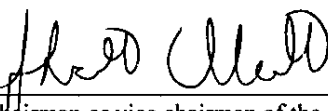
STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Signature 
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

J. Scott Elliott
(Typed or printed name of the person signing)

Director
(Title of person signing)

FILING FEE: \$35