

P00000036458

(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



200045416272

02/02/05--01022--018 \*\*35.00

FILED  
05 FEB -2 AM 9:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

of vol. 2

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M J Larsen Consulting, Inc.

**DOCUMENT NUMBER:** P 00000036458

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

Please return all correspondence concerning this matter to the following:

Michael J. Larsen  
(Name of Person)

M J LARSEN CONSULTING, INC  
(Name of Firm/Company)

1360 S. Ocean Blvd., Apt. 2706  
(Address)

Pompano Beach, FL 33062  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Michael J. Larsen at (954) 234-0213  
(Name of 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 & 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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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 Department of State

MJ Larsen Consulting, Inc.

SECOND: The document number of the corporation (if known): 9000000364

THIRD: The date dissolution was authorized: 12/31/04

Effective date of dissolution if applicable: 12/31/04  
(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)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: X

  
(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)

Michael J. Larsen

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
05 FEB -2 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA