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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone

: (954)208-0845

: (614)573-3996

DISSOLUTION OR WITHDRAWAL CENTRAL FLORIDA CABLE COMMUNICATIONS, INC.

| Certificate of Status | (       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35,00 |

Electronic Filing Menu — Corporate Filing Menu

Help

## 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 Florida Department of State: CENTRAL FLORIDA CABLE COMMUNICATIONS, INC.   |
|---------|---|
| SECOND: | The document number of the corporation (if known):  The date dissolution was authorized:  January 31, 2023  Effective date of dissolution if applicable:  Ino more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this three will not be listed as the document's effective date on the Department of State's records. |
| FOURTH: | Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.   |
|         | (By a director, president or other officer of directors of officers have full been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)  Robert Kohn   |
|         | (Typed or printed name of person signing)   |
|         | President (Title of person signing)   |

Filing Fee: \$35

To:

## 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. 607.1407, F.S.

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

| The above named corporation is the subject of dissolution and the effective da | te of a dissolution is:     |
|--|-----------------------------|
| January 31, 2023   |                             |
| (date filed with the Dept. if date specified in the Articles of                | Dissolution)                |
| Description of information that must be included in a claim:                   | SECTALLA                    |
| Information sufficient to bring a claim in this jurisdiction                   | JAN AN                      |
|  | <u> </u>                    |
|  |                             |
|  | 8: 03                       |
|  |                             |
|  |                             |
| Mailing address where written claims can be sent: (Claims cannot be sent to th | e Division of Corporations) |
| Randy Zoesch   |                             |
| P.O. Box 387   |                             |
|  |                             |
|  |                             |
| Park Falts, WI 54552   |                             |

within 4 years after the filing of this notice.

Robert Kohn

Signature of the Person Filing

Printed Name of the Person Filing