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(Requestor's Name)  (Address)  (Address)	300215325903		
(City/State/Zip/Phone #)			
(Business Entity Name)  (Document Number)	12/21/1101007025 **43.75		
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## **COVER LETTER**

ΓO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF SUNTEL, INC
DOCUMENT NUMBER: 40200028453
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HEMA H. PATEL  (Name of Contact Person)
(Name of Contact Poson)
SUNTEL, INC (Firm/Company)
5649 49th ST. N.
(Address)  ST. PETE, FL. 33709  (City/State and Zip Code)
O1. FETE, FL. 33.107 (City/State and Zin Code)
For further information concerning this matter, please call:
HEMA PATEL at (727) 528-2372  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

## 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:	
	SUNTEL, INC	
SECOND:	1	<u> 153</u>
THIRD:	The date dissolution was authorized: 12-15-11	
	Effective date of dissolution if applicable: 12-15-11 (no more than 90 days after dissolution file date)	<del></del>
FOURTH:	: Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for diss was sufficient for approval.	olution
	Dissolution was approved by 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	•
	HEMA H. PATEL	- دساچ ځ پخ
	HEMA H. PATEL  (voting group)	ka she
	Signature  (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)	ا ا
	HEMA H. PATEL	
	(Typed or printed name of person signing)	
	PRESIDENT, VP. T.S.	
	(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. 607.1407, F.S.

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

Name of Corporation: OUNTEL, INC
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
CORP. DISSOIVED ON 12-15-11
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
5649 49 <sup>th</sup> ST. N. ST. PETE, FL. 33709
<u>ST. PETE, FL. 33709</u>
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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