

PO2000048317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VOLUNTARY DISSOLUTION OF A FLA. PROFIT CORP.

**DOCUMENT NUMBER:** P02000048317 (AR)

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

Please return all correspondence concerning this matter to the following:

RAFAEL C. MARQUES, CPA

(Name of Person)

CONSULTING SERVICES OF AMERICA, INC.

(Name of Firm/Company)

1820 S.W. 104TH AVE.

(Address)

MIAMI - FL 33165

(City/State/and Zip Code)

For further information concerning this matter, please call:

RAFAEL C. MARQUES, CPA

(Name of Person)

at ( 305 ) 223-4191

(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:  
CONSULTING SERVICES OF AMERICA, INC.

SECOND: The document number of the corporation (if known): P02000048317 (AR)

THIRD: The date dissolution was authorized: 12/31/03  
 Effective date of dissolution if applicable: 12/31/03  
 (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 of

\_\_\_\_\_  
 (voting group)

Signed this 30TH day of JANUARY, 2004.

Signature: Marilyn M. Bou  
 (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)

MARILYN M. BOU

(Typed or printed name of person signing)

PRES., SECR., DIRECTOR

(Title of person signing)

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 04 FEB -5 AM 10:11  
 ALABAMA DEPT. OF STATE  
 ALABAMA, FLORIDA