(Requestor's Name)	
(Address)	50
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PICK-UP WAIT MAIL	
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(Document Númber)  Certified Copies Certificates of Status	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLUTION OF CAPE MARMS, INC.	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DONALD F. CURRAN	
(Name of Contact Person)	
(Firm/Company)	
SARASOTA, FL 34233  (Girl/State and Tin Code)	
(Address)	
SARPSOTA, FL 34233	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (941) 358-9937  (Area Code & Daytime Telephone Number	
(Name of Contact Person) (Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigsquare \text{\$43.75 Filing Fee & \$\bigsquare \text{\$43.75 Filing Fee & \$\bigsquare \text{\$52.50 Filing Fee,} \\ Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)	
MAILING ADDRESS: STREET ADDRESS:	
Amendment Section Amendment Section  Division of Comparations	
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	
Tollobaccae El 22214 Citton Building 2661 Evecutive 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:	
	- Opp Alarms, Inc.	
SECOND:	De DA 11/10/1600	
THIRD:	The date dissolution was authorized: $\frac{9/18/10}{}$	
	Effective date of dissolution if applicable: //////////////// (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 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	
	100% or the OUTSTANDING SNARTS	
	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)  (Typed or printed name of person signing)	
	(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. Cape Alapma, Inc. Name of Corporation: 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: PROOF OF LOSS Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 4025 Cottlemen Rd. PMB #141 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. Printed Name of the Person Filing Signature of the Person Filing