

PO 2000108493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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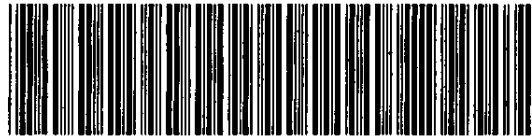
(Business Entity Name)

(Document Number)

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07 JUL 30 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. Coultette JUL 31 2007

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: THE CONE ZONE, INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

LAURA DAMORA
(Name of Contact Person)

THE CONE ZONE
(Firm/ Company)

3838 BREEZEMONT DR
(Address)

SARASOTA FL 34232
(City/ State and Zip Code)

For further information concerning this matter, please call:

LAURA DAMORA at (941) 544-2202
(Name of Contact 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, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2007

LAURA DAMORA
THE CONE ZONE, INC.
3838 BRÉEZEMONT DR
SARASOTA, FL 34232

SUBJECT: THE CONE ZONE, INC.
Ref. Number: P02000108493

We have received your document for THE CONE ZONE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You would need to file articles of dissolution to "delete" your corporation from being active with our agency. I am enclosing the correct form to be used and after it is completed, please return it with a copy of my letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 807A00042592

RECEIVED

07 JUL 30 AM 8:00

DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

LAURA DAMORA

(Name of Contact Person)

THE CONE ZONE, INC

(Firm/Company)

5507 FRUITVILLE RD

(Address)

SARASOTA FL 34232

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA DAMORA

(Name of Contact Person)

at (941) 544-2202

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

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Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

already sent

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

THE CONE ZONE, INC.

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

THIRD: The file date of the articles of incorporation: _____

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

LAURA DAMORA

(Typed or printed name of person signing)

President

(Title of Person Signing)

07 JUL 30 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Filing Fee: \$35