# P62000/19683

(Re	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		of Status
Special Instructions to Filing Officer:		

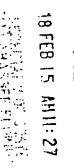
Office Use Only



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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Dissolution of Lightwriter Imagin	
DOCUMENT NUMBER: P0200011968	3
The enclosed Articles of Dissolution an	d fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Gary Truman	
(Name	of Contact Person)
(F	Firm/Company)
1802 Pony Soldier Rd	
Prescott, AZ 86303	(Address)
	State and Zip Code)
For further information concerning this i	matter, please call:
Gary Truman	561 758 4338 at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am	nount:
\$35 Filing Fee    \$43.75 Filing Fee Certificate of Statu	& 🗆 \$43.75 Filing Fee & S52.50 Filing Fee, s Certified Copy (Additional copy is enclosed)  \$ Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations

Clifton Building

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:	Lightwriter Imaging, Inc. P02000119683				
SECOND:					
THIRD:	The date dissolution was authorized:  December 15,2017  The date dissolution was authorized:				
	December 31,2017 Effective date of dissolution if applicable:	_			
	(no 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 date not be listed as the document's effective date on the Department of State's records.	will			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	■ Dissolution was approved by the shareholders. The number of votes cast for dissolut was sufficient for approval.	on			
	☐ 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				
	***				
	(voting group)	FILED			
	Signature: Any Frum				
	(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)	<u>1</u>			
	Gary Truman				
	(Typed or printed name of person signing)				
	President				
	(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.

Lightwriter Imaging, 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 <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Complete details and verified signature of the authorizing corporate officer.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1802 Pony Soldier Rd, Prescott, AZ 86303
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commend within 4 years after the filing of this notice.
, 11
Gary Truman
Printed Name of the Person Filing Signature of the Person Filing

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