## P02000 119810

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE
TALLAHASSEE, FLORIBA\_

## **COVER LETTER**

TO: Amendment Section
Division of Corporations
SUBJECT: Corporation Dissolution
DOCUMENT NUMBER: P02000119810
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert G. Troup
(Name of Contact Person)
Troup Financial Services
(Firm/Company)
4343-A Ridgewood Avenue
(Address)
Port Orange, FL 32127
(City/State and Zip Code)
For further information concerning this matter, please call:
Robert G. Troup at ( 386 ) 756-1208
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$35 Filing Fee ▼\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee,  Certificate of Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
	Central Blueprinting & Reprographics, Inc.	
SECOND:	The document number of the corporation (if known): P02000119810	<u> </u>
THIRD:	The date dissolution was authorized: October 1, 2009	
	Effective date of dissolution if applicable	ile date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	✓ Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	titled
	The number of votes cast for dissolution was sufficient for approval by	
	Shareholders & Officers	
	(voting group)	_ 50
	Signature: Donald M Gnitle	SECRETARY OF STA
	(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)	STATE LORIDA
	Donald M. Kinstle	
	(Typed or printed name of person signing)	
	PST	
	(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 Corpo	ration: Central Blueprinting & Reprographics, Inc.
	tion will be the date the dissolution is filed with the Department of State or as <i>Articles of Dissolution</i> .
Description of i	information that must be included in a claim:
Proof of C	laim
Mailing address	s where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	Central Blueprinting, LLC
	4343 Ridgewood Avenue
	Port Orange, FL 32127
	the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.
Donald M.	Walter It / Jane 12
	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