## P03000/6930

(Requestor's Name)
(Address)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(During Fully No. 2)
(Business Entity Name)
(Document Number)
(4.00
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Coordinated Resources	s Inc.
DOCUMENT NUMBER: P030000169	30
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this i	matter to the following:
Susan J Geiger, EA	
(Name of Contact	ct Person)
Seminole Accountants, Inc	
(Firm/Com	pany)
9996 Seminole Blvd	
(Address	)
Seminole, FL 33772-2535	,
(City/State and	Zip Code)
For further information concerning this matter, pl	ease call:
	2010 See
Susan J Geiger, EA (Name of Contact Person)	(Area Code & Daytime Telephone Wimber 8
Enclosed is a check for the following amount:	
(Ad	3.75 Filing Fee & \$\begin{array}{c} \$\$52.50 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \end{array}
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 607.1403, 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:	
	Coordinated Resources Inc.	
SECOND:	The document number of the corporation (if known): P03000016930  The date dissolution was authorized: December 21, 2009	
THIRD:	Effective date of dissolution if applicable: December 31, 2009  (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	n
	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  (voting group)	
	AM DO: 56	Senting to the sent of the sen
	Signature:  By Adirector, 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)	
	Denise Barto (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. Name of Corporation: Coordinated Resources Inc. 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: Date, Type of Service, Amount Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 8333 Monarch Circle N Seminole, FL 33772 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. **Denise Barto** 

Printed Name of the Person Filing