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(R	equestor's Name))
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PICK-UP	☐ WAIT	MAIL
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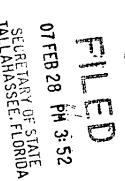
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: S9+ MAN. MICHAEL CURTIN DET 1124 INC		
DOCUMENT NUMBER: P 0 3000 0 3 7 0 1 6		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
R, WACK SMITH (Name of Contact Person)		
Syt MAJ MICHAEL CORTIN DET 1/24 INC		
(,,,,,,,,,,,,,,,,,,		
37516 131NGO BLVD		
(Address)		
ZEPHYRHHLS FI 33541		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
R. Warne of Contact Person) at (813) 715-4308 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$\text{\$\subseteq}\$		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, 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: \$\leq g \operation MALL \int OURTIN, DET. 1/24 ING
SECOND:	•
THIRD:	The document number of the corporation (if known): Po3000037016 The date dissolution was authorized: FEBRUARY 19,2007
	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
	BCARN of DIRECTORS (voting group) (voting group)
	Signature: (By a director, president or other officer - Ldirectors 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)
	PAY MASTER (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: Sqt MAJ MICHAEL CERTIN DET 1124 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Sof MAN MICHAEL CURTIN DET 1124INC 37516 BINGO BLUD ZEPHYRIHILLS FL 33541 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.

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