



**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Business closed

**DOCUMENT NUMBER:** 303000046054

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

Please return all correspondence concerning this matter to the following:

Doron Auten

(Name of Person)

Select Installation, Inc.

(Name of Firm/ Company)

5072 NW 124 way

(Address)

Coral Springs, FL 33076-3447

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Doron Auten

(Name of Person)

at (954) 977-7308

(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  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
04 JAN 20 PM 1:55  
TALLAHASSEE, FLORIDA

## 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 Department of State:

Division of Corporations

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

PO3000046054

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

4-23-2003

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.

Signed this 14 day of January, 2004

Signature: X

(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)

Doron Artein

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
04 JAN 20 PM 1:55  
TALLAHASSEE, FLORIDA

### 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: Select Installation 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)

5072 NW 124 way

Ovied Springs, FL 33076

Attn: Doron Auitan

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.

Doron Auitan  
Printed Name of the Person Filing

y [Signature]  
Signature of the Person Filing