## POSODOUZZ83

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

AND:55 (10)3.17.15

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: CEP & Company, Inc.	· · · · · · · · · · · · · · · · · · ·			
DOCUMENT NUMBER: P03000062283				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Cathy Watson				
(Name of Contact Person)				
(Firm/Company)				
208 Whispering Oaks Court				
(Address)				
Sarasota, FL 34232				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Cathy Watson at (941	, 400-7601			
(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 Certificate of Status Certified Copy (Additional copy enclosed)				
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 CEP-& Company, INc.	State:
SECOND:	The document number of the corporation (if known): P03000062283	3
THIRD:	The date dissolution was authorized: 12/31/2014	
	Effective date of dissolution if applicable: 12/31/2014  (no more than 90 days after dissolution for	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	
	All	SE 01VIS <b>2015</b>
	(voting group)	SECRETARY IVISION OF CO
	Signature:  (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)	OF STATE ORPORATION
	Cathy Watson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35