## P03000073436

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
<del></del>
Special Instructions to Filing Officer:

Office Use Only



700245810387

03/20/19--01013--024 \*\*45.75



1/0/dis 3-27-13 DC

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLUTION:	
•	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Svetlana Zanukhovski	/
(Name of Contact Person)  CPS-1 INC	,
688 SOWETSET STREET	
Nortcheung NS 07069	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Evetlana Ecrecifa (908, 756-666 à	2
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\square\$	
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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:  8320 HARDING AVENUE CORP
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: $\frac{12/31/2012}{}$
	Effective date of dissolution if applicable: (no more than 90 day) 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:
	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)
	SOFIA BARBER (Typed or printed name of person signing)
	P Zl. S1 cloud

Filing Fee: \$35