

(Requ	restor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

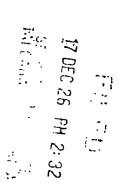
Office Use Only



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12/27/17--01013--025 \*\*52.50





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

**MAILING ADDRESS:** 

Division of Corporations

Tallahassee, FL 32314

Amendment Section

P.O. Box 6327

Dissolution of Tomorrow D-tection SUBJECT:	i, Inc.	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and	fee are submitted for filin	g.
Please return all correspondence concerning	ng this matter to the follow	ving:
Thomas L. Morrow		
(Name of	Contact Person)	
Tomorrow D-tection, Inc		
(Fir	m/Company)	
1792 Lago Vista Blvd.		
(A	Address)	
Palm Harbor, FL 34695		
(City/Sta	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
Thomas L. Morrow	727-786-3862 at (	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	unt:	
□ \$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 & Certified Copy (Additional copy is enclosed)

**STREET ADDRESS:** 

Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## 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: Tomorrow D-tection, Inc		
SECOND:	The document number of the corporation (if known):  12/31/2017		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable:		
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
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		
	120 shares by Thomas L. Morrow and Gail L. Morrow		
	(voting group)		
	Signature: Thomas 2. Mornow		
	(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)		
	Thomas L. Morrow		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

## Filing Fee: \$35

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## **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. Tomorrow D-tection, Inc. Name of Corporation: 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: None to our knowledge. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1792 Lago Vista Blvd., Palm Harbor, FL 34685 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. Thomas L. Morrow Printed Name of the Person Filing