

PD3000104218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04 MAR 15 PM 1:10

CLERK OF STATE
TALLAHASSEE, FLORIDA

Art Diss
w/ notice
10, 3/15/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Company

DOCUMENT NUMBER: P03000104218

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

Please return all correspondence concerning this matter to the following:

Kristen Brown
(Name of Person)

All-Kleen, Inc
(Name of Firm/Company)

11440 NW 56th Drive #110
(Address)

Coral Springs FL 33076
(City/State/and Zip Code)

For further information concerning this matter, please call:

Kristen Brown at (954) 752-4666
(Name of Person) (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 & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

FILED
04 MAR 15 PM 11:10
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 3, 2004

KRISTEN BROWN
ALL-KLEEN, INC.
11440 NW 56TH DRIVE #110
CORAL SPRINGS, FL 33076

SUBJECT: ALL-KLEEN, INC.
Ref. Number: P03000104218

We have received your document for ALL-KLEEN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 304A00014403

RECEIVED
04 MAR 15 AM 8:27
DIVISION OF CORPORATIONS

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 Department of State:

All-Kleen, Inc

SECOND: The document number of the corporation (if known): P03000104218

THIRD: The date dissolution was authorized: Feb 23, 2004

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 of 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

Shareholders
(voting group)

Signed this 23 day of February, 2004.

Signature:

Kristen Brown

(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)

Kristen Brown

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
04 MAR 15 PM 1:10
SECRETARY OF STATE
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: All-Kleen, 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:

Please dissolve my company.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

11440 NW 56th Drive #110
Coral Springs FL 33076

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.

Kristen Brown Kristen Brown
Printed Name of the Person Filing Signature of the Person Filing