

P03000106115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

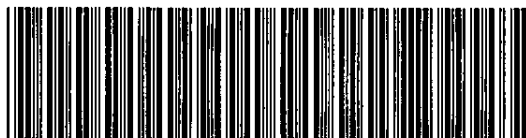
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400268960644

04/09/15--01020--028 **10.00

400268960644
02/17/15--01008--006 **25.00

FILED
15 APR -3 PM 2:17
FBI - LANSING
LANSING, MI 48201

Voldis
W/Notice

04/13/15

Dr



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

DALE STEPHENSON
HIGHLAND TOWNHOMES
1203 MULLIGAN VISTA
MORENCI, AZ 85540

SUBJECT: CENTERSTAGE PRO, INC.
Ref. Number: P03000106115

We have received your document for CENTERSTAGE PRO, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 015A00004047

15 APR -3 PM 5:29
RECEIVED
REGULATORY
DIVISION

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTERSTAGE PRO, INC

DOCUMENT NUMBER: P03000106115

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

Please return all correspondence concerning this matter to the following:

DALE STEPHENSON

(Name of Contact Person)

CENTERSTAGE PRO, INC

(Firm/Company)

1203 MULLIGAN VISTA

(Address)

MORENCI, AZ 85540

(City/State and Zip Code)

For further information concerning this matter, please call:

DALE STEPHENSON

(Name of Contact Person)

at (904) 874-8666

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- 910 THIS CHECK*
☒ \$35 Filing Fee
825 CHECK SENT PREVIOUSLY.
- ☐ \$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, 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 State:

CENTERSTAGE PRO, INC.

SECOND: The document number of the corporation (if known): P03000106115

THIRD: The date dissolution was authorized: DECEMBER 30, 2014

Effective date of dissolution if applicable: DECEMBER 31, 2014
(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 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

Dale & Karen Stephenson
(voting group)

Signature: Dale Stephenson

(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)

DALE STEPHENSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
15 APR -3 PM 2:17
ALLIANCE

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: CENTERSTAGE PRO, 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:

WHAT THE CLAIM IS FOR AND WHO IS MAKING THE CLAIM,
THEIR ADDRESS & PHONE NUMBER

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

DALE STEPHENSON
1203 MULLIGAN VISTA
MORENCI, AZ 85540

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.

DALE STEPHENSON

Printed Name of the Person Filing

Dale Stephenson

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00