

PO3000111689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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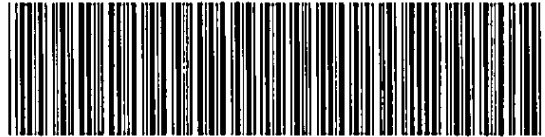
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: P03000111689

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

Please return all correspondence concerning this matter to the following:

DONNA ROBBINS

(Name of Contact Person)

BUSINESS SERVICE SYSTEMS PA

(Firm/Company)

6600 4TH STREET NORTH, #101

(Address)

ST PETERSBURG, FL 33702

(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA ROBBINS

(Name of Contact Person)

727-520-8652

at (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

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enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
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MAILING ADDRESS:

Amendment Section
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P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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Division of Corporations
Clifton Building
2661 Executive Center Circle
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