## P03000116112

(Re	equestor's Name)	
(ive	August 2 Hame)	
(Ad	idress)	<del></del>
, ,	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
		/ /
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	





900196023429

02/28/11--01063--012 \*\*52.50

M without



M 2221

## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations			
SUBJECT: 70 Dissolve LE	gtercity conINC.		
DOCUMENT NUMBER: Po 30	006116112		
The enclosed Articles of Dissolution and fee	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Hotel R. SPary (Name of Co Legtlicty Con Inc. (Firm/C	ntact Person)		
Legreicty. Com INC.			
J (Firm/C	Company)		
1723 SE 4746 Terrace	ress)		
(Addr			
Cape Coral, FL 33904 (City/State and Zip Code)			
For further information concerning this matter, please call:			
RETER R. SKRIY	at ( <u>239</u> ) <u>945-6433_X652</u>		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
Certificate of Status	\$43.75 Filing Fee & \$\simes \frac{\simes 52.50}{\simes 52.50}\$ Filing Fee,  Certified Copy  Additional copy is enclosed)  (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 11 FEB 28 AM 8: 37

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation supports the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Legtricity. Com, INC.
SECOND:	The document number of the corporation (if known): Po300116112
THIRD:	The file date of the articles of incorporation:
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:  (By a director, president or other officer - it directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other count appointed fiduciary, by that fiduciary.)
	<del>-</del>
	Heter R. SPAry
	(1yped or printed name of person signing)
	(Typed or printed name of person signing)  President  (Title of Person Signing)

Filing Fee: \$35

## **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: COTRICITY COM, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Ante:
Inte:  Invoice Number / amount / Vendor, Client Name Reason
Reason
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1723 SE 49Th Terract
1723 SE 49Th Terract  Cape CORAL TL, 33904
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.
PETER P. SPARY
Printed Name of the Person Filing Signature of the Person Filing