903000/21558

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2009

CHRISTOPHER M. JAMES SKY'S THE LIMITED CABLE - LINK INC. 12817 S W 146 LANE MIAMI, FL 33186

SUBJECT: SKY'S THE LIMIT CABLE-LINK, INC.

Ref. Number: P03000121558

We have received your document for SKY'S THE LIMIT CABLE-LINK, 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):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 509A00038299

COVER LETTER

TO: Amendment Section

Division of Corp	orations		
SUBJECT: Dis:	solution		
DOCUMENT NUMBER:	P03000121558		
The enclosed Articles of D	The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspond	Please return all correspondence concerning this matter to the following:		
Chais tophs	R M. James (Name of Contact Person)		
Sky's The	(Name of Contact Person) Limit Lable - Ling (Firm/Company)	K Isc.	
12817 SW	146 LANE (Address)		
Minni F	ORINA 33186		
,	(City/State and Zip Code)		
For further information cor	ncerning this matter, please call:		
(Name of Contact	M. James at (786 ct Person) (Area	Code & Daytime Telephone Number)	
Enclosed is a check for the	following amount:		
16 4 4133 of was 6	75 Filing Fee & \$\Bar{\text{\$\subset}\$\$ \$43.75 Filing ficate of Status Certified Copy (Additional copy enclosed)} \\ \(\begin{align*} &		
MAILING ADDRES Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n rations	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following article on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State Properties of State Pr
SECOND:	The document number of the corporation (if known): Po3000/21558
THIRD:	The date dissolution was authorized: 13-11-3009
	Effective date of dissolution if applicable: 12-11-2009 (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
	2
	(voting group)
	(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)
	Christopher M. James.
	(Typed or printed name of person signing) Vice 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: Sky's The Limit Capile - link 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:
There are No Claims.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
13817 SW 146 LANE Miami, Florida 33186.
Miami, Florida 33186
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.
01.11 ml
Christopher M. James Printed Name of the Person Filing Signature of the Person Filing