

P03000148080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

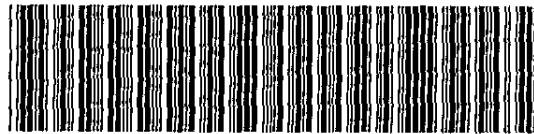
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100042232921

11/22/04--01014--022 \*\*35.00

*Volcher u/pt.e*

*T. Lewis*

FILED  
04 DEC 17 9 21  
100042232921

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Skeleton Keys Locksmith Inc. - Dissolution

**DOCUMENT NUMBER:** P03000148080

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

Please return all correspondence concerning this matter to the following:

Thomas M. Aiken

(Name of Person)

Skeleton<sup>(keys)</sup> Locksmith Inc.

(Name of Firm/Company)

P.O. Box 212552

(Address)

WpB Fl. 33421

(City/State/and Zip Code)

For further information concerning this matter, please call:

Thomas M Aiken

(Name of Person)

at ( 561 ) 202-5830

(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

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

December 14, 2004

RE: Letter No.904A00067713, Payment Reference# 22-NOV-04-01014-022-\$35.00

To Whom It May Concern:

Attached you will find Corporate Dissolution paperwork for dissolving Skeleton Keys Locksmith, Inc. #P03000148080. When I originally sent in the paperwork it had the document number for my fictitious name. I am keeping my fictitious name. I have corrected the document number on the attached paperwork. Please process the Corporate Dissolution. The \$35.00 fee was paid and should be referenced as shown above.

If you have any questions or need additional information, please contact me at 561-202-5830.

Thank you,

Thomas M. Aiken

A handwritten signature in black ink, appearing to read 'T. Aiken', with a long, sweeping underline that extends to the left.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 2, 2004

SKELETON KEYS LOCKSMITH  
THOMAS M. AIKEN  
P.O. BOX 212552  
WEST PALM BEACH, FL 33421

11220401014022

Subject: **SKELETON KEYS LOCKSMITH**  
RE: 904A00067713

We have received your document for the above Fictitious Name and your check(s) totaling \$35.00; however, the document **has not been filed** and is being returned for the following:

To notify this office that you are no longer transacting business under the above fictitious name registration, please complete Section 4 of the enclosed application. The fee to process the cancellation is \$50.00.

There is a balance due of \$15.00.

After the corrections have been made, return the application to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section  
Division of Corporations

Letter No. 904A00067713

## ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with Department of State:

Skeleton Keys Locksmith, INC.

SECOND: The document number of the corporation (if known): P03000148080

THIRD: The file date of the articles of incorporation was: 12/08/03

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.

Signed this 15 day of November, 2004.

Signature: \_\_\_\_\_

(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.)

Thomas M Aiken

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
04 DEC 17 PM 2:16

## 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: Skeleton Keys Locksmith

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:


Name, address, phone contact, date of incident  
description of incident and location it took place.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Thomas M. Aiken  
P.O. Box 212552  
Royal Palm Beach FL 33421  
\_\_\_\_\_

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.

Thomas M. Aiken  
Printed Name of the Person Filing

  
Signature of the Person Filing

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