## 986F6000199

(Requestor's Name)
(Address)
(Address)
( National )
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
(Social Manuely)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE.
TALL AHASSEE FI STATE.

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of "Jackson Communications	Management, Inc.", a for-profit Florida Corporation
DOCUMENT NUMBER: P04000027286	
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Michael Pierce Jackson	
(Name of Pers	on)
Jackson Communications M	
(Name of Firm/Co	mpany)
2513 SE 24th Place	
(Address)	
Cape Coral, FL 33904	
(City/State/and Zi	p Code)
For further information concerning this matter, plea	se call:
Michael Jackson at (	239 ) 573-9843
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ied Copy Certificate of Status & Certified Copy
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

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:		rporation as currently filed with		nt of Sta	ite:		
	Jackson Co	mmunications Mana	gement, mc.	_			
SECOND:	The document number of the corporation (if known): P04000027286						
THIRD:	The date dissolutio	n was authorized: August 20	0, 2005				
	Effective date of di	ssolution <u>if applicable: Augus</u>	st 31, 2005 nore than 90 days after dissolu	ution file d	ate)		
FOURTH:	Adoption of Dissol	ution (CHECK ONE)					
	Dissolution was was sufficient f	s approved by the shareholders. or approval.	The number of votes c	ast for d	lissolı	ution	
	Dissolution wa	s approved by of the shareholder	rs through voting group	ps.			
		ment must be separately provide on the plan to dissolve:	ed for each voting grou	ıp entitle	ed		
	The number of vote	s cast for dissolution was suffic	ient for approval by				
	<del></del>	(voting group)		_			
	Signed this 23rd	day of August	2005	•	-		
	Signature:	uchan Jackse resident or other officer - if directors or of	Trans have not have related	SECI	05		
		- if in the hands of a receiver, trustee, or of			AUG 25	T	
	Michael Pier	ce Jackson		7. S	7	Ö	
		Typed or printed name of person signing)		STATE ORID	中台署		
	President, S	ecretary, Treasure	Γ	D.			
		(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.

ame of Corporation: Jackson Communications Management, Inc.	
ate of dissolution will be the date the dissolution is filed with the Department of State or as becified in the Articles of Dissolution.	
escription of information that must be included in a claim:	
Claimant name and contact information, amount of claim and description of goods or services rer	ndered
	_
	<u> </u>
failing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
2513 SE 24th Place	
Cape Coral, FL 33904	
claim against the above named corporation will be barred unless a proceeding to enforce the claim is commentation 4 years after the filing of this notice.	•

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

Signature of the Person Filing

Michael Pierce Jackson

Printed Name of the Person Filing