

PD4000040693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

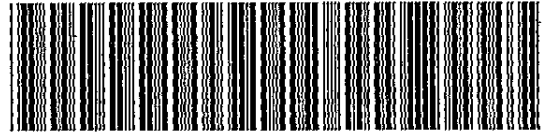
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01-09-06 -01029--001 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Profit Corporation Complete Media Designs

DOCUMENT NUMBER: P04000040693

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

Please return all correspondence concerning this matter to the following:

Spiro M Telegadis

(Name of Contact Person)

Complete Media Designs, Inc.

(Firm/Company)

6383 Bay Club Drive #4

(Address)

Fort Lauderdale, FL 33308-1605

(City/State and Zip Code)

For further information concerning this matter, please call:

Spiro M Telegadis

(Name of Contact Person)

at (954) 309-3957

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2005

Spiro M. Telegadis
Complete Media Designs, Inc.
6383 Bay Club Drive #4
Fort Lauderdale, FL 33308-1605

SUBJECT: COMPLETE MEDIA DESIGNS, INC.
Ref. Number: P04000040693

We have received your document for COMPLETE MEDIA DESIGNS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 305A00073138

ARTICLES OF DISSOLUTION

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

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

Complete Media Designs, Inc.

SECOND: The document number of the corporation (if known): P04000040693

THIRD: The date dissolution was authorized: December 1st, 2005

Effective date of dissolution if applicable: December 30th, 2005

(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 of 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

(voting group)

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)

Spiro M Telegadis

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Complete Media Designs, 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:

Corporate, dba, and or individual creditor's name, phone numbers, & address at the time of the product and or service was issued as well as current contact info.

A detailed description of the claim, the service and or product for which the claim was issued, and a receipt of invoice for delivery or acceptance of that product and or service.

Contact must be made in writing. All claims made with out substantiating support will be disregarded and deemed void.

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

Spiro M Telegadis

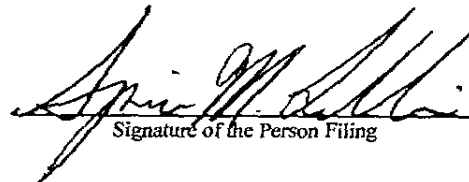
3200 N Ocean Drive #1804

Fort Lauderdale, FL 33308

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.

Spiro M Telegadis

Printed Name of the Person Filing

 12/01/20
Signature of the Person Filing

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