

P04000041102

(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



100053582201

FILED  
05 MAY -9 AM 8:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

US-09/05--01034--008 \*\*35.00

of vol.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 311. DISSOLUTION PROFIT CORP

**DOCUMENT NUMBER:** PO4000041102

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

Please return all correspondence concerning this matter to the following:

DONNA M. BENNETT  
(Name of Person)

C.M.D. PAINTING SERVICE, INC.  
(Name of Firm/Company)

3241 Thomas St.  
(Address)

JACKSONVILLE, FL 32254  
(City/State/and Zip Code)

For further information concerning this matter, please call:

DONNA M BENNETT at (904) 384-9386  
(Name of Person) (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

## 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:

C.M.D. PAINTING SERVICE INC.

SECOND: The document number of the corporation (if known): PO4000041102

THIRD: The date dissolution was authorized: 6-1-04

Effective date of dissolution if applicable: \_\_\_\_\_  
(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 for dissolution was sufficient for approval.
- ☐ Dissolution was approved by of the shareholders through voting group

*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)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: Donna M Bennett  
(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)

DONNA M BENNETT  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35

FILED  
MAY -9 AM 8:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA