## PXXXXXX

(Req	uestor's Name)	
(Add	iress)	
(Add	iress)	
(City	/State/Zip/Phone	<i>&gt;#</i> )
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Olde Town Brokers Bu	
DOCUMENT NUMBER: P040000	44322
The enclosed Articles of Dissolution and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Derek Premo (Name of Contact	Person)
Olde Town Brokers, I (Firm/Comp	
11 N Summerlin An (Address)	ne
Orlando, FL 3280 (City/State and Z	
For further information concerning this matter, plea	ase call:
Derek Premo at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Addi	75 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy
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

## ARTICLES OF DISSOLUTION

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

Filing Fee: \$35