

P0400005800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

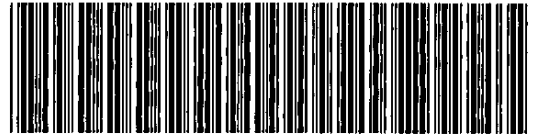
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/27/06--01017--016 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 27 PM 1:49

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OUTADABOX DISTRIBUTORS, INC

DOCUMENT NUMBER: P04000058009

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

Please return all correspondence concerning this matter to the following:

YAGNESH PATEL

(Name of Contact Person)

(Firm/Company)

5036 DR PHILLIPS BLVD, STE 286

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

YOGI,

YAGNESH PATEL

(Name of Contact Person)

at (PLEASE SIGN 2 PAGES

WHERE INDICATED BY PENCIL)

Enclosed is a check for the following amount:

CROSSES THEN SEND IN

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75

Certificate of Status

Certif
(Addit
encl

ENVELOPE PROVIDED, ALONG

WITH A CHECK FOR \$35

MADE PAYABLE TO "FLORIDA
DEPARTMENT OF STATE".

MAILING ADDRESS:

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

DAVE/

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

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: OUTADABOX DISTRIBUTORS

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 OF CLAIMANT, RELEVANT DATES, REASON FOR
CLAIM, AMOUNT OF CLAIM

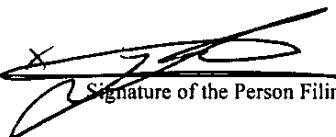
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5036 DR PHILLIPS BLVD, STE 286,
ORLANDO, FL 32819

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.

YAGNESH PATEL

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

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:

OUTADABOX DISTRIBUTORS, INC

SECOND: The document number of the corporation (if known): 904000058008

THIRD: The date dissolution was authorized: 06/30/06

Effective date of dissolution if applicable: 06/30/06
(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.

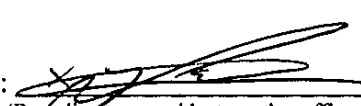
☐ Dissolution was approved by the shareholders through voting groups.

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

ALL

(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)

YAGNESH PATEL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA