

PD4000079446

(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



600144571666

03/02/09--01011--006 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 13 PM 4:20

Art Diss
w/ notice
(10, 3/13/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF C CORPORATION
A LOCKSMITH SECURITY SAFE CENTERS, INC

DOCUMENT NUMBER: P04000079446

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

Please return all correspondence concerning this matter to the following:

BARBARA J. HOGAN
(Name of Contact Person)

A LOCKSMITH, INC
(Firm/Company)

9051 TAMMAM TARIK, NORTH #103
(Address)

NAPLES FL 34108-2520
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA J. HOGAN at (239) 643-0416
(Name of Contact 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, 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

March 3, 2009

BARBARA J. HOGAN
9051 TAMIAMI TRAIL, NORTH 103
NAPLES, FL 34108-2520

SUBJECT: A LOCKSMITH SECURITY & SAFE CENTERS, INC.
Ref. Number: P04000079446

We have received your document for A LOCKSMITH SECURITY & SAFE CENTERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 509A00007320

RECEIVED
2009 MAR 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
ROCKSMITH SECURITY & SAFE CENTERS, INC.

SECOND: The document number of the corporation (if known): PO4000079446

THIRD: The file date of the articles of incorporation: 5/17/2004

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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)

BARBARA J. HOGAN
(Typed or printed name of person signing)

PRESIDENT
(Title of Person Signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 13 PM 4:20

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.

Name of Corporation: A LOCKSMITH SECURITY SAFE CENTERS, 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:

PROOF THAT SUCH CLAIM IS VALID, LEGAL
AND HAD BEEN APPROVED BY SOME OFFICER
AND DIRECTOR

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

905 TAMMAMM TRAIL, NORTH #103
NAPLES FL 34108-2520

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.

BARBARA J. HOGAN

Printed Name of the Person Filing

Barbara J. Hogan DVT
Barbara J. Hogan DVT

Signature of the Person Filing

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