# 00120269

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT:	
DOCUMENT NUMBER: P04000120269	
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
CHRISTINA A MAYBERRY	
(Name of 0	Contact Person)
WTH TECHNOLOGIES INC	
(Firn	n/Company)
112 HICKORY TREE RD	
(A	ddress)
LONGWOOD, FL 32752	
(City/Sta	te and Zip Code)
For further information concerning this may	tter, please call:
CHRISTINA A MAYBERRY	at (at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	nnt:
□ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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

# 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: WTH TECHNOLOGIES, INC.					
SECOND:	ND: The document number of the corporation (if known):					
THIRD:	The date dissolution was authorized: 02/15/2016					
	Effective date of dissolution if applicable:  12/31/2015					
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.					
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					
	(voting group) — 57					
	Signature: With a Miles of a filter of filter					
	CHRISTINA MAYBERRY					
	(Typed or printed name of person signing)					
	PRESIDENT					
	(Title of person signing)					

#### 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.

A claim against the above named corp within 4 years after the filing of this n	notice.	inless a proceeding to enforce the co	claim is commenced
A claim against the above named corp within 4 years after the filing of this n	poration will be barred unotice.	inless a proceeding to enforce the c	claim is commenced
112 HICKORY TREE RD, LONGWOO	OD, FL 32752		
Mailing address where claims can be		sent to the Division of Corporation	ns)
			3
			2 PM 1
THERE ARE NO CLAIMS OUTSTAN	IDING		4
Description of information that must			16 HAR
	n.	in the Department of State of as	r <b>~</b>
Date of dissolution will be the date th specified in the <i>Articles of Dissolutio</i>	e dissolution is filed wit	th the Department of State or as	