## P04000/35923

(Re	equestor's Name)	
(Ac	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bü	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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W/with notes



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution
DOCUMENT NUMBER: P 0 4000/35923
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Teixeira (Name of Contact Person)
(Name of Confact Person)
American Precision Components, Inc. (Firm/Company)
P. O. Box 35/496 (Address)
Palm Coast, FL 32/35 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael Teixtica at (386) 563-6915  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\begin{align*} \begin{align*} \\$43.75 \text{ Filing Fee & Certificate of Status} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	American Precision Components, Inc.		
SECOND:	The document number of the corporation (if known): P04000/35923		
THIRD:	The file date of the articles of incorporation: Feb. 7, 2005		
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.		
Sign	ature:  (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.)		
	Michael Teixeira (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. Name of Corporation: American Precision Components, 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) American Precision Components, Inc. P.O. Box 35/496 Palm Coast, FL 32/25 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. Michael Teixeira
Printed Name of the Person Filing

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