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(Requ	uestor's Name)
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## TRANSMITTAL LETTER,

TO: Amendment Section

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Amendment Section

P.O. Box 6327

Division of Corporations	- 1.
SUBJECT: DISSOLUTION OF COMPANY.	
DOCUMENT NUMBER: 3/1,	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CARMON SAVOR	
(Name of Person)	
(Name of Firm/Company)	
(Name of Firm/Company)	
12960 SW 17 CT (Address)	
(Address)	
MIRAMAR PL 33007 (City/State/and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (954) 839-668/ (Area Code & Daytime Telephone N	(Ce) 1) lumber)
Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy enclosed)	atus &

STREET ADDRESS: Amendment Section

409 E. Gaines Street

Division of Corporations

Tallahassee, Florida 32399

## 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 Department of State:
	C.S.S. PROMOTIONS 11, INC.
SECOND:	The document number of the corporation (if known): Po 400 0/4843
THIRD:	The file date of the articles of incorporation was: 10-28-2004
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.
S	ignature:  (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.)
	CARMEN SAURA (Typed or printed name of person signing)  ORFS DENT
	(Title of person signing)

Filing Fee: \$35