

PD4000150925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

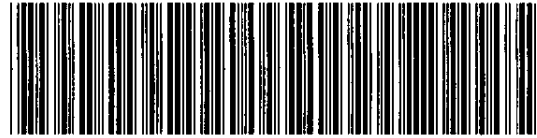
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 SEP -6 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Voldissdisma
9-6-07 CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Allied Distribution, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Ross Trevino

(Name of Contact Person)

Allied Distribution, Inc.

(Firm/Company)

1080 Holland Drive, Suite C

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Ross Trevino

at (_____)

(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

August 28, 2007

ROSS TREVINO
1080 HOLLAND DRIVE SUITE C
BOCA RATON, FL 33487

SUBJECT: ALLIED DISTRIBUTION, INC.
Ref. Number: P04000150925

We have received your document for ALLIED DISTRIBUTION, 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 state the date the dissolution was authorized.

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) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 407A00051692

RECEIVED
2007 SEP -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Allied Distribution, Inc.

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

THIRD: The date dissolution was authorized: 2-27-07

Effective date of dissolution if applicable: _____
(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 to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(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)

Ross Trevino

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
07 SEP-6 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA