

P04000163179

(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



000061398770

FILED

05 NOV 23 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FL 32304

RECEIVED

05 NOV 23 PM 1:07

CLERK OF SUPERIOR COURT
TALLAHASSEE, FL 32304

Miss

G. Goulette NOV 23 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 719354 7464097

AUTHORIZATION : *SL*

COST LIMIT : \$ 35.00

ORDER DATE : November 22, 2005

ORDER TIME : 11:11 AM

ORDER NO. : 719354-005

CUSTOMER NO: 7464097

DOMESTIC FILINGS

NAME: MOVING TRADE, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT# 2914

EXAMINER'S INITIALS: _____

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:

MOVING TRADE, INC.

SECOND: The document number of the corporation (if known): P04000163179

THIRD: The file date of the articles of incorporation was: 12/03/2004

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.

Signed this 15 day of November, 2005.

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.)

David Wyrick
(Typed or printed name of person signing)

Director / President
(Title of person signing)

Filing Fee: \$35

FILED
05 NOV 23 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA