## P05000001734

| (Red                      | questor's Name)   |              |
|---------------------------|-------------------|--------------|
|                           |                   |              |
| (Add                      | dress)            |              |
|                           |                   |              |
| (Add                      | dress)            |              |
|                           |                   |              |
| (City                     | //State/Zip/Phone | <b>⇒ #</b> ) |
|                           |                   |              |
| PICK-UP                   | ☐ WAIT            | MAIL         |
|                           |                   |              |
| ,<br>(Rus                 | siness Entity Nar | ne)          |
| (200                      | smood Emily Har   | ,            |
| (Day                      | cument Number)    |              |
| (100)                     | cument Number)    |              |
|                           |                   |              |
| Certified Copies          | _ Certificates    | s of Status  |
|                           |                   |              |
| Special Instructions to F | Filing Officer:   | ,            |
|                           |                   |              |
|                           |                   |              |
|                           |                   |              |
|                           |                   |              |
|                           |                   |              |
|                           |                   |              |
|                           |                   |              |

Office Use Only



100156258161

05/22/09--01015--001 \*\*35.00

O9 MAY 22 PH 12: 42
SECRETARY OF STATE
TAIL A HASSEF FI ORID.

C.COULLIETTE
MAY 2 7 2809

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SUBJECT: Corporate Dissolution for Animal Re  | placement Technologies   |
|---|--|
| DOCUMENT NUMBER: P0500001734  |  |
| The enclosed Articles of Dissolution and fee are submitted fo   | r filing.  |
| Please return all correspondence concerning this matter to the  | following:   |
| Christopher Sakezles  |  |
| (Name of Contact Person)  |  |
| (Firm/Company)  | · · · · · · · · · · · · · · · · · · ·  |
| 2215 South Village Ave  |  |
| (Address)   |  |
| Tampa, Florida 33612  | •  |
| (City/State and Zip Code)   |  |
| For further information concerning this matter, please call:  |  |
|   | ) 210-0311   |
| (Name of Contact Person) (Area Co   | ode & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:   |  |
| ▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fe  Certificate of Status Certified Copy  (Additional copy enclosed) | cee & \$\int \\$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 FLORIDA DEFT of STATE       | 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:   |  |  |
|---------|--|--|--|
|         | Animal Replacement Technologies  |  |  |
| SECOND: | The document number of the corporation (if known): P0500001734   |  |  |
| THIRD:  | The date dissolution was authorized: 03/01/2009  |  |  |
|         | Effective date of dissolution if applicable: 05/01/2009  (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 entitled to vote separately on the plan to dissolve:   |  |  |
|         | The number of votes cast for dissolution was sufficient for approval by  |  |  |
|         | (voting group)   |  |  |
|         | (voting group)  OF STATE CORIDA  |  |  |
| S       | (By a director, president or other officer - if director 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) |  |  |
|         | Christopher Sakezles   |  |  |
|         | (Typed or printed name of person signing)  |  |  |
|         | President  |  |  |
|         | (Title of person signing)  |  |  |

Filing Fee: \$35