

PO5000002113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

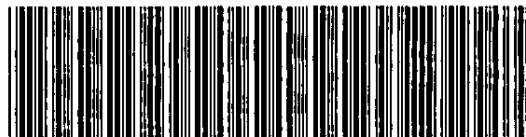
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2010

SHAWN KHAN  
6510 SW 129 PL  
MIAMI, FL 33183

SUBJECT: ANDROMEDA MULTIMEDIA SYSTEMS CORPORATION  
Ref. Number: P05000002113

We have received your document for ANDROMEDA MULTIMEDIA SYSTEMS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is an active corporation Article of Revocation can not be filed. I am sending you Articles of Dissolution.

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 210A00011742

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2010 JUL 19 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:  
Andromeda Multimedia Systems Corporation

SECOND: The document number of the corporation (if known): P05000002113

THIRD: The date dissolution was authorized: 3-1-2010

Effective date of dissolution if applicable: 3-1-2010  
(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)

Signature: \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator, or if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Shawn Khan

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Filing Fee: \$35