Po500018502

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:				
DOCUMENT NUMBER: P05000018502				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Shelia Ellis				
(Name of Contact Person)				
Central Florida Allstarz Cheerleading & Training, Inc				
(Firm/Company)				
225 E Canal Way NE				
(Address)				
_ake Placid, FL 33852-8849				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Shelia Ellis <u>at (</u> 863 <u>)</u> 441-0321				
(Name of Contact Person) (Area Code & Daytime Telephone Number))			
Enclosed is a check for the following amount:				
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS: STREET ADDRESS:				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:
	Central Florida Allstarz Cheerleading Training CENTER,	INC.
SECOND:	The document number of the corporation (if known): P05000018502	·
THIRD:	The date dissolution was authorized: 3/16/08	
	Effective date of dissolution if applicable: 3/31/08 (no more than 90 days after dissolution fi	ile date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	OR HAR 19 PH
		9 P
	(voting group)	日から
		3: 12 F STATE F FLORIDA
•	S	
;	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)	
	Shelia Ellis	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35