

7-05000036569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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2009 APR -6 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D.S. 3

Angela Lee
Sandy Rogers
1312 W. Marvin Street
Longwood, FL 32750

March 27, 2009

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

RE: Dissolution of Alternative Client Solutions, Inc.

To Whom It May Concern:

Enclosed please find a cover letter, Articles of Dissolution and a check for the \$35 filing fee to dissolve our company Alternative Client Solutions, Inc. effective immediately.

If there are any questions or issues with this request, please do not hesitate to contact us at 407-830-0181 or my mobile number 407-256-5677.

Respectfully,

A handwritten signature in cursive script that reads "Angela Lee".

Angela Lee
Vice President

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: POS000036569

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

Please return all correspondence concerning this matter to the following:

Angela Lee

(Name of Contact Person)

Alternative Client Solutions, Inc.

(Firm/Company)

1312 W. Marvin Street

(Address)

Longwood, FL 32750

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Lee

(Name of Contact Person)

at (407) 256-5677

(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

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:

Alternative Client Solutions, Inc.

SECOND: The document number of the corporation (if known): P05000036569

THIRD: The date dissolution was authorized: 3/27/09

Effective date of dissolution if applicable: 3/27/09
(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Signature: _____

Angela Lee - Vice President

(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)

Angela Lee

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35