

P05000055805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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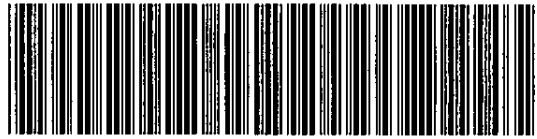
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ASR
2/17/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COUSIN'S SERVICES INC

DOCUMENT NUMBER: P05000055805

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

Please return all correspondence concerning this matter to the following:

LUZ A. ESCOBAR

(Name of Contact Person)

COUSIN'S SERVICES INC

(Firm/Company)

132 MARTIN CIRCLE

(Address)

ROYAL PALM BEACH, FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

LUZ A ESCOBAR

(Name of Contact Person)

at (561) 790-9340

(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

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2009 FEB 16 PM 3:31
n submits the following article
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COUSIN'S SERVICES INC

(no more than 90 days after dissolution file date)

Filing Fee: \$35