

PO 5000136089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

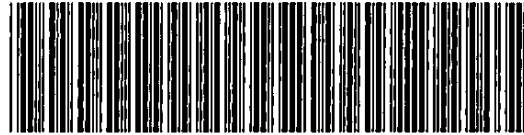
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/16/06--01023--020 **35.00

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06 NOV 16 PM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XHA
201112



26520 Agoura Road Calabasas, CA 91302

Toll-Free: 1-888-692-6771 Direct/Intl: 1-818-879-9079

Fax: 1-818-879-8005 Email: info@mycorporation.com

November 10, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Dissolution – Performance Contact Management Inc.

Ladies and Gentlemen:

Please find enclosed for filing executed duplicate originals of the Articles of Dissolution for the above referenced entity.

Please find enclosed a check in the amount of \$35.00 as the appropriate filing fee.

Please return any copies or receipts, stamped to show the date of filing, to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings
My Corporation Business Services, Inc.
26520 Agoura Rd.
Calabasas, California 91302

**PLEASE CONTACT CHRISTOPHER SIROUNIAN AT 818.879.9079 EXT 60131
FOR ANY QUESTIONS REGARDING THIS FILING REQUEST.**

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Performance Contact Management Inc.

DOCUMENT NUMBER: P05000136089

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

Please return all correspondence concerning this matter to the following:

Post-Formation Filings

(Name of Contact Person)

MyCorporation.com

(Firm/Company)

26520 Agoura Rd.

(Address)

Calabasas, CA 91302

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Sirounian at (818) 879-9079 ext. 60131

(Name of Contact Person)

(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 607.1401, 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:

Performance Contact Management Inc.

SECOND: The document number of the corporation (if known): P05000136089

THIRD: The file date of the articles of incorporation: 10/05/2005

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

Russell Lambert

(Typed or printed name of person signing)

Director

(Title of Person Signing)

Filing Fee: \$35

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