P05000167147

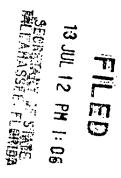
| (Requestor's Name) | | | | | |
|---|------------------------|------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT N | 1AIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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C. LEWIS
JUL 1 5 2013
EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: Dissolution of COMPUTER BRAIN, INC. P05000167147 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brian Laugherty (Name of Contact Person) COMPUTER BRAIN, INC. (Firm/Company) 1224 S Seagate Dr (Address) Deltona, FL 32725 (City/State and Zip Code) For further information concerning this matter, please call: **Brian Laugherty** Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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 COMPUTER BRAIN, INC. | nt of Sta | ite: | | | |
|---------|---|--------------|------------|---------|--|--|
| SECOND: | ECOND: The document number of the corporation (if known): P050001671 | | | | | |
| THIRD: | The date dissolution was authorized: 06/30/2013 | | | | | |
| | Effective date of dissolution if applicable: 06/30/2013 (no more than 90 days after dissolution) | rtion file d | lota) | | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes c was sufficient for approval. | | | olution | | |
| | 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 | | 3 JUL 12 | | | |
| | (voting group) | in i | 2 PM 1: 06 | | | |
| | Signature: (By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, | by | O | | | |
| | Brian Laugherty | | | | | |
| | (Typed or printed name of person signing) President | | | | | |
| | (Title of person signing) | | | | | |

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

| Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: 1. Details of transaction including invoice, purchase order and signed estimate if applicable 2. Name, address and telephone number of person/company filing the claim Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Brian Laugherty 1224 S Seagate Dr Deltona, FL 32725 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced. | Name of Corpo | ration: COMPUTER BRAIN, IN | C. | • | |
|--|------------------|--|---------------------------------------|---------------|---|
| 1. Details of transaction including invoice, purchase order and signed estimate if applicable 2. Name, address and telephone number of person/company filing the claim Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation) Brian Laugherty 1224 S Seagate Dr Deltona, FL 32725 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced. | | | the Department of State or as | | |
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| Brian Laugherty 1224 S Seagate Dr Deltona, FL 32725 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced | Mailing address | s where claims can be sent: (Claims cannot be so | ent to the Division of Corporations | \$5° | proper |
| 1224 S Seagate Dr Deltona, FL 32725 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced | | Brian Laugherty | | | _ |
| A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced | | 1224 S Seagate Dr | | _ P | ja |
| | | Deltona, FL 32725 | | - | |
| | A alaim against | t the above named corneration will be barred un | less a proceeding to enforce the cla | aim is co | mmenced |
| within 4 years after the filing of this notice. | | | less a proceeding to emorce the cir | 1111 15 00 | minenced |
| Brian Laugherty Printed Name of the Person Filing Signature of the Person Filing | Brian La | | Signature of the Person F | - Filing | , , , , , , , , , , , , , , , , , , , |

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00