

PD6000034170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

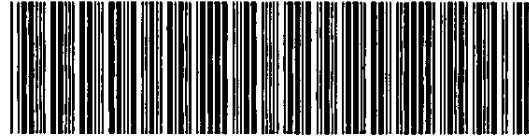
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000247337270

04/30/13--01012--027 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN 20 PM 2:20

JUN 21 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A SHINING SERVICES INC

DOCUMENT NUMBER: P 06 000 03 4170

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

Please return all correspondence concerning this matter to the following:

DAVID A MADON

(Name of Contact Person)

A SHINING SERVICES INC

(Firm/Company)

1004 JACKSON WOODS CT

(Address)

OMLANDO FL 32824

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID A MADON

(Name of Contact Person)

at (940) 297 7644

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2013

DAVID AMADOR
A SHINING SERVICE, INC.
1004 JACKSON WOODS CT
ORLANDO, FL 32824

SUBJECT: A SHINING SERVICE, INC.
Ref. Number: P06000034170

We have received your document for A SHINING SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 413A00011038

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:

A SHINING SERVICE, INC.

SECOND: The document number of the corporation (if known): P06000034170

THIRD: The date dissolution was authorized: 12/15/12

Effective date of dissolution if applicable: _____
(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)

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)

DAVID AMADOR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN 20 PM 2:20

Filing Fee: \$35