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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALL'AHASSEE F. STATE

TS



10: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: HOTICLES	of Dissolu
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
·	Dontact Person)
Cable Utility	Company)
HIS SW K	lestor Dr
Port St. Lucie (City/State	and Zip Code)
For further information concerning this matter	er, niease call:
3	71
(Name of Contact Person)	at (<u>777</u>) <u>37</u> (Area Code & Dag
Enclosed is a check for the following amount	!:
\$35 Filing Fee \$\$43.75 Filing Fee & Certificate of Status	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	STREET Amendme Division Clifton B 2661 Exc

Tallahass

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:		
	Cable Utility Service Inc		
SECOND:	The document number of the corporation (if known): POLOOO(00 653		
THIRD:	The date dissolution was authorized: \2 - 3\ - 20010		
	Effective date of dissolution if applicable: \2-3\-200\(\text{O}\) (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 dissolutio 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)		
	PH 1: 07		
	(By a director, plesident 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)		
	Teff Williams (Typed or printed name of person signing)		
	Tresident (Title of person signing)		

Filing Fee: \$35