

P06000060751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

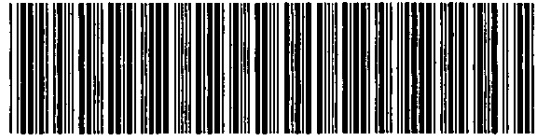
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08 AUG 25 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts AUG 29 2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAXIMUS SERVICES, INC.

**DOCUMENT NUMBER:** P06000060751

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

Please return all correspondence concerning this matter to the following:

MARCOS A REZENDE

(Name of Contact Person)

CSG - CAPITAL SERVICES GROUP INC

(Firm/Company)

446 WEST HILLSBORO BLVD

(Address)

DEERFIELD BEACH, FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCOS A REZENDE

(Name of Contact Person)

at ( 954 ) 427-4770

(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Department of State:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

SECOND: The document number of the corporation (if known): P06000060751

THIRD: The date dissolution was authorized: 08/13/08

**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)

ARI T OLIVEIRA

(Typed or printed name of person signing)

PRESIDENT-DIRECTOR-INCORPORATOR

(Title of person signing)

**Filing Fee: \$35**