

PD 6000080401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

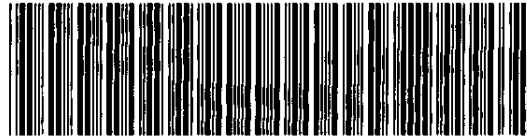
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 SEP 15 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-15-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2011

BARBARA COOPER
SKYVUES, INC
1000 N. HERCULES AVE
CLEARWATER, FL 33765

SUBJECT: SKYVUES, INC.
Ref. Number: P06000080401

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 211A00020886

RECEIVED
TALLAHASSEE, FLORIDA

Form
Dissolution of Corp Form.

September 12, 2011

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Dear Ms. Roberts:

Enclosed is the Articles of Dissolution as per your request. My check for \$35.00 was mailed with my Cover Letter. Please let me know if you need any additional information. Thank you.

Sincerely,



Barbara Cooper

RECEIVED

11 SEP 15 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Skyvues, Inc

DOCUMENT NUMBER: PO6000080401

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

Please return all correspondence concerning this matter to the following:

BARBARA COOPER

(Name of Contact Person)

SKYVUES, INC

(Firm/Company)

1000 N. Hercules Ave

(Address)

Clearwater FL 33765

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA COOPER

(Name of Contact Person)

at (727) 443-3433

(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:

FILED
11 SEP 15 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SKYVUES, INC.

SECOND: The document number of the corporation (if known): P06000080401

THIRD: The file date of the articles of incorporation: 6/12/2006

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: Barbara A Cooper

(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.)

BARBARA A Cooper
(Typed or printed name of person signing)

Secretary
(Title of Person Signing)

Filing Fee: \$35