

P06000105274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Crowne Business Management  
(Name of Corporation)

**DOCUMENT NUMBER:** PO000105274

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Duncanson  
(Name of Person)

Crowne Business Management  
(Name of Firm/Company)

616 WATERWAY VILLAGE CT.  
(Address)

GREEN ACRES, FL 32313  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jamie Duncanson at ( 786 ) 253-5010  
(Name of Person) (Area Code & Daytime Telephone Number)

\*Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

CROWDE Business Management Corp.

SECOND: The document number of the corporation (if known): PO000105274

THIRD: The file date of the articles of incorporation: 14 August 04

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: \_\_\_\_\_

(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.)

Jamie Duncanson  
(Typed or printed name of person signing)

PRESIDENT  
(Title of Person Signing)

**Filing Fee: \$35**