P07000049900

(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:
Special instructions to Fining Officer.





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2022 MAR - 1 AM 10: 47
SECRETARY OF STATE
TALLAHASSEE

of 3/9/2022

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Mana	tee Links Computer Services,	Inc	
DOCUMENT N	UMBER: P07000049900		
The enclosed Art	icles of Dissolution and	fee are submitted for filin	g.
Please return all c	orrespondence concernin	ng this matter to the follow	ving:
Garry Apa			
	(Name of	Contact Person)	
Manatee Links Comp	outer Services, Inc		
	(Fire	n/Company)	
8201 Oak Drive			
	(A	ddress)	
Palmetto, Florida 342	221		
	(City/Sta	ite and Zip Code)	
For further inform	ation concerning this ma	tter, please call:	•
Jennifer L. Hamey		at ((941) 932-6217	
(Name	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
□ \$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)
3.5 '11' 4 1 1			

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

ARTICLES OF DISSOLUTION

2022 MAR - 1 AM 10: 47

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation subfits the following articles TALLAHASSEE. FL

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Manatee Links Computer Services, Inc.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable:			
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
	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)			
C	Garry Apa			
	(Typed or printed name of person signing)			
	Owner/President			
	(Title of person signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: ___ The above named corporation is the subject of dissolution and the effective date of a dissolution is: December 31, 2021 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Creditor must include creditor name, creditor address, account number (if known), amount of claim, reason for the claim, contract or invoice for amount owed. All claims must be received within 120 days from the acceptance of this Notice by the State of Florida or forever be barred. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 8201 Oak Drive, Palmetto, Florida 34221 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Garry Apa

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Printed Name of the Person Filing