

P07000067300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JAN 22 2018

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18 JAN 17 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

V/D- w  
Notice

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Notice of Corporate Dissolution

**DOCUMENT NUMBER:** P07000067300

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

Please return all correspondence concerning this matter to the following:

Michele (Mike) Hjorleifsson

(Name of Contact Person)

Go4Cast, Inc.

(Firm/Company)

5475 NW St James Drive Suite 187

(Address)

Port Saint Lucie, FL 349983

(City/State and Zip Code)

For further information concerning this matter, please call:

Michele (Mike) Hjorleifsson

at ( 772-224-8913

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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



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 §. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Go4Cast, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Invoice Number, Date, Vendor Name, Invoice Line Details and Remittance Address

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

DTEV, LLC.

Attn: Go4Cast Transition.

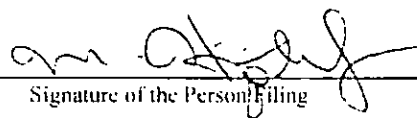
5475 NW St James Dr Suite 187

Port Saint Lucie, FL 34983

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.

Michele (Mike) Hjorleifsson

Printed Name of the Person Filing



Signature of the Person Filing

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