Posm0006643	
(Requestor's Name) (Address)	300163423103
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	06/08/1001014006 ***35.00
Certified Copies Certificates of Status	SECRETARY OF STATE ALLAHASSEE, FLORIDA
Office Use Only	VOLDES/1000

## COVER LETTER TO: Amendment Section Division of Corporations SUBJECT: DOCUMENT NUMBER: POSODOD b643 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning the second pleas

(City/State and Zip Code)

For further information concerning this matter, please call:

 $\frac{353-394-9855}{(\text{Area Code & Daytime Telephone Number})}$ (Name of Contact Person)

Enclosed is a check for the following amount:

□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee, 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:

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

Complete Services Inc REDI FVER

- THIRD: The file date the articles of incorporation:
- 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.

Haulero. 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.)

FILED

ά

AM 11:29

(Typed or printed name of person Segning) (Title of Person Signing)

Filing Fee: \$35