# P08000016259

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** SUBJECT: CIS Support Services Inc Voluntary Dissolution DOCUMENT NUMBER: P08000016259 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Timothy Sullivan (Name of Contact Person) CIS Support Services Inc (Firm/Company) 3700 ULMERTON RD 201 (Address) **CLEARWATER** (City/State and Zip Code) For further information concerning this matter, please call: at (727) 431-3200 Timothy Sullivan (Name of Contact Person) (Area Code) (Daytime Telephone Number) 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 Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIKST:	The name of the corporation as currently filed with the Florida Department of State:
	CIS Support Services Inc
SECOND:	The document number of the corporation (if known): P08000016259
THIRD:	The date dissolution was authorized: December 13 2021
	Effective date of dissolution if applicable: December 13 2021 (no more than 90 days after dissolution file date)
	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.
	2021 SCC SCC
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S	ignature:  (B. A thredor, president or case office if director or officers have not been selected, by
	an incluporator - itin the bands of a receiver, trustee, or other court appointed fiduciary, by hat fiduciary)
	Karl C Poulin
-	(Typed or printed name of person signing)
-	President (Title of person signing)
	( ) title of beroon signifier

Filing Fee: \$35