

PO 8000039920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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• 2009 MAR 16 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DISC  
[Handwritten signature]

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA'S CURBING SPECIALISTS INC

**DOCUMENT NUMBER:** P08000039920

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

Please return all correspondence concerning this matter to the following:

KIMBERLEE A. SECK

(Name of Contact Person)

FLORIDA'S CURBING SPECIALISTS INC

(Firm/Company)

P.O. BOX 290766

(Address)

PORT ORANGE FL 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberlee Seck

(Name of Contact Person)

at (386) 237-2072

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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)

**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 607.1403, 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:

**FLORIDA'S CURBING SPECIALISTS INC**

SECOND: The document number of the corporation (if known): P08000039920

**THIRD:** The date dissolution was authorized: 03/01/2009

Effective date of dissolution if applicable: 03/01/2009

**(no more than 90 days after dissolution file date)**

**FOURTH: Adoption of Dissolution (CHECK ONE)**

- ☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

(voting group)

**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)

KIMBERLEE A. SECK

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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