

PO8000047245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

inactive  
w/ notice  
VOIDS  
10/25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2011

JOSEPH R. MAUZ  
MAUZ BUSINESS SOLUTIONS, INC.  
4 SEA CHASE TERRACE  
ORMOND BEACH, FL 32176

SUBJECT: MAUZ BUSINESS SOLUTIONS, INC.  
Ref. Number: P08000047245

We have received your document for MAUZ BUSINESS SOLUTIONS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 411A00023547

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** 37-1566459

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

Please return all correspondence concerning this matter to the following:

Joseph R Manz

(Name of Contact Person)

Manz Business Solutions, INC.

(Firm/Company)

4 Sea Chase Terrace

(Address)

Ormond Beach, FL, 32176

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph R Manz

(Name of Contact Person)

at ( 386 ) 441-0718

(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:

Mauz Business Solutions Inc.

SECOND: The document number of the corporation (if known): 37-1566459

THIRD: The date dissolution was authorized: 12-31-10

Effective date of dissolution if applicable: 12-31-10  
(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)

Joseph R. Mauz  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: MAVZ Business Solutions

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:

Name of Claimant

Amount of Claim

Basis of Claim

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

MAVZ Business Solutions

4 Sea Chase Terrace

Ormond Beach FL 32176

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.

Joseph R. Maurz

Printed Name of the Person Filing

Joseph R. Maurz

Signature of the Person Filing

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