

PO8000049869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

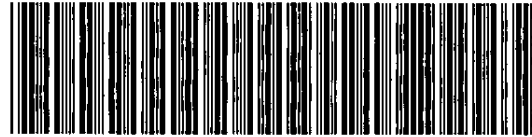
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600263329106

10/01/14--01005--020 \*\*35.00

*less*

FILED

2014 OCT -1 PM12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
*10/10/14*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALLIED TRADES INC.

**DOCUMENT NUMBER:** P08000049869

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

Please return all correspondence concerning this matter to the following:

NICHOLAS FANELLA

(Name of Contact Person)

PROFESSIONAL OFFICE SERVICES LLC

(Firm/Company)

434 TANGLEWOOD DR

(Address)

FT WALTON BEACH FL 32547

(City/State and Zip Code)

For further information concerning this matter, please call:

NICK FANELLA

(Name of Contact Person)

at ( 850 ) 862-7131

(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:

FILED  
2014 OCT - 1 PM 12: 43

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

**ALLIED TRADES INC**

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

**P08000049869**

THIRD: The date dissolution was authorized:

**09/29/2014**

Effective date of dissolution if applicable:

(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.

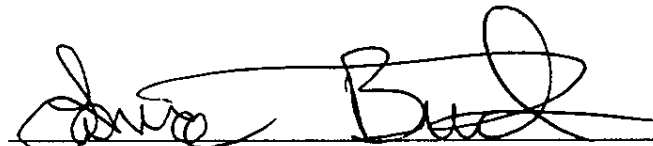
☐ Dissolution was approved by the shareholders through voting groups.

*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)

**LANCE BUCK**

\_\_\_\_\_  
(Typed or printed name of person signing)

**PRESIDENT**

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**