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Office Use Only



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C.COULLIETTE

JUN 2 4 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SandorWorks, LLC	;
	ited Liability Company)
•	
The enclosed Articles of Dissolution and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Joseph J Sandor	
(N	ame of Person)
SandorWorks, LLC	· .
(F	irm/Company)
711 Pine Ridge Dr	r
	(Address)
Davenport, FL 33897	
(City/S	State and Zip Code)
For further information concerning this matter, please ca	ili:
Joseph J Sandor	at ( 863 419-8620
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2010

JOSEPH J. SANDOR SANDORWORKS, INC 711 PINE RIDGE DR DAVENPORT, FL 33897

SUBJECT: SANDORWORKS, INC

Ref. Number: P08000062553

We have received your document for SANDORWORKS, INC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You are filed here as a Florida Profit Corporation, not a Florida Limited Liability company. You completed the wrong form to dissolve your corporation and I have enclosed the proper form for you to complete and return with addition fees required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 710A00009931

### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPIL GANDON
(Name of Contact Person)
GONDON WORKS (Firm/Company)
(Address)
DOUGN POM 12 33897
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (863) 419-8620  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Status Filing Fee Status Certified Copy (Additional copy is enclosed)  Status Filing Fee Status Certified Copy (Additional copy is enclosed)  Status Filing Fee Status Status Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  MAILING 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:	
•	SONDOR WORKS INC	
SECOND:	The document number of the corporation (if known): Po 86060 62553	
THIRD:	The file date of the articles of incorporation: 2/3/2006	
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.	Table Mary Park
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Sign	(By a director, president of 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.)	
,	DOSERY J. Garbar	
	(Typed or printed name of person signing)	
	Pholipay	
•	(Title of Person Signing)	

Filing Fee: \$35