# POS0000 10939

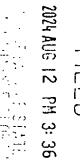
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ONE
J. HORNE AUG 14 2024
AUG 19 LE

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Dissolu	ition of business		
DOCUMENT NU	MBER: P08000070939		
The enclosed Artic	cles of Dissolution and fo	ee are submitted for filing.	
Please return all co	orrespondence concerning	this matter to the followi	ng:
Alan R. Collins			
<del></del>	(Name of 0	Contact Person)	
Collins Key & Lock			
	(Firm	n/Company)	
806 Donald Pl.			
	(Ac	idress)	
Temple Terrace, Fl.	33617		
	(City/Sta	te and Zip Code)	
For further informa	ation concerning this mat	ter, please call:	
Alan R. Collins		813 695 -3992 at (	
(Name o	of Contact Person)	(Area Code) (	Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	■ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ S52.50 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# FILED 2024 AUG 12 PM 3: 35

### ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  Collins Key & Lock				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:  August 1, 2024				
	Effective date of dissolution if applicable:  August 1, 2024  (no more than 90 days after dissolution file date)				
	(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.				
	Signature: Cla. A. Coll				
	(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)				
	Alan R. Collins				
	(Typed or printed name of person signing)				
	Owner				
	(Title of person signing)				

Filing Fee: \$35

# **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.

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This "Notice of Corporate Dissolution" is optional and is not re	quired when filing a voluntary dissolution.
Name of Corporation:	- 3-484
The above named corporation is the subject of dissolution and t	he effective date of a dissolution is:
(date filed with the Dept. if date specifi	ed in the Articles of Dissolution)
Description of information that must be included in a claim:	
Mailing address where written claims can be sent: (Claims can	not be sent to the Division of Corporations)
	<del></del>
	···
A claim against the above named corporation will be barred unwithin 4 years after the filing of this notice.	less a proceeding to enforce the claim is commenced
Alan R. Co;;ins	Clark Gel
Printed Name of the Person Filing	Signature of the Person Filing

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

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations Dissolution of business SUBJECT: P08000070939 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alan R. Collins (Name of Contact Person) Collins Key & Lock (Firm/Company) 806 Donald Pl. (Address) Temple Terrace, Fl. 33617 (City/State and Zip Code) For further information concerning this matter, please call: Alan R. Collins 813 695 -3992 (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,

Certified Copy

enclosed)

(Additional copy is

Certificate of Status

#### Mailing Address:

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

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status &

Certified Copy

enclosed)

(Additional copy is

# ARTICLES OF DISSOLUTION

	ARTICLES OF DISSOLUTION  section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles in:
	ARTICLES OF DISSOLUTION
suant to	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles in:
RST:	The name of the corporation as currently filed with the Florida Department of State:
	Collins Key & Lock
COND:	The document number of the corporation (if known):
IRD:	The date dissolution was authorized: August 1, 2024
	Effective date of dissolution if applicable:  August 1, 2024
	(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.
URTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature: Ala Mall
	(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)
	Alan R. Collins
	(Typed or printed name of person signing)
	Owner
	(Title of person signing)

Filing Fee: \$35