

P08000086538

(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



700193326117

02/08/11--01029--008 \*\*35.00

FILED  
11 FEB - 8 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

Voldis.

02-11-11

De

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution Corporation

**DOCUMENT NUMBER:** PO8000086538

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

Please return all correspondence concerning this matter to the following:

DAVID ROSAS

(Name of Contact Person)

(Firm/Company)

4035 LIONHEART DRIVE

(Address)

JACKSONVILLE FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID ROSAS

(Name of Contact Person)

at (904) 707-4817

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:

ANEMATIC SOFTWARE CONSULTING INC.

SECOND: The document number of the corporation (if known): PO8000086538

THIRD: The date dissolution was authorized: 12-17-2010

Effective date of dissolution if applicable: 12-31-2010  
(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. 2 shareholders, both voted for dissolution

☐ 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)

DAVID S ROSAS  
(Typed or printed name of person signing)

VICE PRESIDENT  
(Title of person signing)

**Filing Fee: \$35**

FILED  
11 FEB - 8 PM 4: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA