

P10000024319

(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

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of a Corporation

**DOCUMENT NUMBER:** P10000024319

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

Please return all correspondence concerning this matter to the following:

**CLAUDIA VEIGA**

(Name of Contact Person)

**ALL ABOUT STORAGE, INC**

(Firm/Company)

**376 FISH HAWK DRIVE**

(Address)

**WINTER HAVEN, FL 33884**

(City/State and Zip Code)

For further information concerning this matter, please call:

**CLAUDIA VEIGA**

(Name of Contact Person)

at **(863) 875-5109**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## 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:  
**ALL ABOUT STORAGE, INC**

SECOND: The document number of the corporation (if known): **P10000024319**

THIRD: The date dissolution was authorized: **OCTOBER 1, 2013**

Effective date of dissolution if applicable: **OCTOBER 1, 2013**  
(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: *Claudia Veiga*  
(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)

**CLAUDIA VEIGA**

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

**VP**

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

**Filing Fee: \$35**

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**13 SEP 25 PM 5:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**