P10000049577

(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:

Wrong form

Office Use Only

300281964983

02/12/16--01028--018 **25.00

03/15/16--01012--009 **10.00

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2016 MAR 14 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 1 8 2016

C. CARROTHERS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2016

ARLEEN R WEINTRAUB
THE CITY TOOL BOX CORP
4501 PRAIERE AVE #1
MAIMI BEACH, FL 33140

SUBJECT: THE CITY TOOL BOX CORP.
Ref. Number: P10000049577

We have received your document for THE CITY TOOL BOX CORP. 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):

The attached form must be completed in order to file the document.

THE FORM YOU SUBMITTED IS USED FOR A LLC.

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) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 416A00003181

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The City Tool Box Corporation

DOCUMENT NUMBER: P10000049577

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

Please return all correspondence concerning this matter to the following:

Arleen R. Weintraub
(Name of Contact Person)

The City Tool Box Corporation
(Firm/Company)

4501 Prairie Ave., #1
(Address)

Miami Beach, FL 33140
(City/State and Zip Code)

For further information concerning this matter, please call:

Arleen R. Weintraub at (305 - 962 - 1154
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: $10.00 (check in the amount of $25 previously submitted)

- ❑ $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:

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

The City Tool Box Corporation

SECOND: The document number of the corporation (if known): P10000049577

THIRD: The date dissolution was authorized: 12/31/15

Effective date of dissolution if applicable: 12/31/15

(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: Adoption of Dissolution (CHECK ONE)

- [x] 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

____
(voting group)

Signature: Arleen R. Weintraub

(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)

Arleen R. Weintraub

(Typed or printed name of person signing)

President

(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.

This "***Notice of Corporate Dissolution***" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: The City Tool Box Corporation

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the ***Articles of Dissolution***.

Description of information that must be included in a claim:

Copy of consulting professional services Agreement
Description of scope of services for which written
claim pertains, including date
Issues related to filing a claim
Amount related to filing a claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Arleen R. Weintraub
4501 Prairie Ave, #1
Miami Beach, FL 33140

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Arleen R. Weintraub	Arleen R. Weintraub
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