P10000067312

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VOLUNTARY DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: P10000067312
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDREW HAWKINS
(Name of Contact Person)
CERTIFIED RESPONDER TRAINING INC
(Firm/Company)
PO BOX 1590
(Address)
NEW PORT RICHEY, FL 34656
(City/State and Zip Code)
For further information concerning this matter, please call:
andrew Hawkins at (727) 542-1516
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
x \$35 Filing Fee \$43.75 Filing Fee \$ \$43.75 Filing Fee \$ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

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

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

ATX1

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 file	d with the Florida Departr	nent of State:
	CERTIFIED RESPONDER TRAINING INC		
SECOND:	The document number of the corporation (if	known): <u>P10000067312</u>	- Tr
THIRD:	The date dissolution was authorized:	12/31/2011	<u> </u>
	Effective date of dissolution if applicable:	3/31/2012 (no more than 90 days after disso	lution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	(no more man so days and disso	
	Dissolution was approved by the shareh dissolution was sufficient for approval.	olders. The number of vot	es cast for
	Dissolution was approved by the shareh	olders through voting grou	ıps.
	The following statement must be separately entitled to vote separately on the plan to diss. The number of vote's cast for dissolution was	solve:	•
	COMMON SHAREHOLDERS		· · · · · · · · · · · · · · · · · · ·
	(voting group) Signature: (By a director, president or other officer - if direct an incorporator - if in the hands of a receiver, truthat fiduciary)		
	ANDREW HAWKINS		
	(Typed or printed name of per	son signing)	
	PRESIDENT		
	(Title of person signi	20)	

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.

against this corporation as provided in s. 607.1407, 1.50.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: CERTIFIED RESPONDER TRAINING INC
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
NAME, ADDRESS, AMOUNT OF CLAIM, NATURE OF CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
9240 VIA SEGOVIA
NEW PORT RICHEY FLORIDA 34655 OR
PO BOX 1950
NEW PORT RICHEY FLORIDA 34656
A claim against the above named corporation will be barred unless a proceeding to enforce the claim s commenced within 4 years after the filing of this notice.
ANDREW HAWKINS 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