# P10000093163

(Re	equestor's Name)	
(Ad	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name	)
(Document Number)		
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T. BROWN

### **COVER LETTER**

**TO:** Amendment Section **Division of Corporations**  $_{
m SUBJECT:}$  LINKIUM SUPPLIES SERVICES CORP **DOCUMENT NUMBER:** P10000093163 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OLIVER LINGSTUYL (Name of Contact Person) (Firm/Company) 1500 NW 79 AVENUE (Address) **DORAL**, FL 33126 (City/State and Zip Code) For further information concerning this matter, please call: \_ at (\_\_\_\_) \_\_\_\_\_(Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (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 LINKIUM SUPPLIES SERVICES CORP	State:			
SECOND:	The document number of the corporation (if known): P10000093163				
THIRD:	The date dissolution was authorized: 12/31/2012				
	Effective date of dissolution if applicable: 12/31/2012				
	(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 f was sufficient for approval.	or dissolu	tion		
☐ 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)	13 SE	ASION SECRI		
		<del>- 0</del>			
		3 PH			
	(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)	3: <b>4</b> 5	RATIO		
	OLIVER LINGSTUYL				
	(Typed or printed name of person signing)				
	PRES.				
(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: LINKIUM SUPPLIES SERVICES CORP

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:

NAME OF CLAIMANT
ADDRESS OF CLAIMANT
TELEPHONE NUMBER OF CLAIMANT
AMOUNT OF CLAIM
DETAIL AS TO CLAIM

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

OLIVER LINGSTUYL	
1500 NW 79 AVENUE	
DORAL, FL 33126	

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.

**OLIVER LINGSTUYL** 

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