

Florida Department of State
Division of Corporations
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DISSOLUTION OR WITHDRAWAL
ATLANTIC COMPLETE SERVICE INC

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August 14, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATLANTIC COMPLETE SERVICE INC
5920 SW 113 CT
MIAMI, FL 33173

SUBJECT: ATLANTIC COMPLETE SERVICE INC
REF: F11000042778

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Darlene Connell
Regulatory Specialist II

FAX Aud. #: H12000203625
Letter Number: 412A00020909

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TO AGENCY OF FILING
SUFFICIENCY OF FILING

H 12000203625
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:

Atlantic Complete Service Inc

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

P11000042778

THIRD: The date dissolution was authorized:

8/13/12

Effective date of dissolution if applicable:

(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:

(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)

VICTOR GONZALEZ

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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