Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

RA4115.180754

From:

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714

: (850)222-1173

Fax Number

: (850)224-1640

DISSOLUTION OR WITHDRAWAL XENOPLEX 24, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Articles . F Pissolution: XENOPLEX 24, EN
DOCUMENT NUMBER: P/1000063728
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
APAN OGDEN
(Name of Contact Person)
KHOPLEX 24, FW = (Firm/Company)
2893 Executive fact by Ste Zoz
(City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
APAM OGNEN at (954), 217 3014 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee Certifiente of Status Certifiente of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee. Certified Copy (Additional copy is enclosed) 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

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ARTICLES OF DISSOLUTION

	section 607.1403. Florida Statutes, this Florida profit corporation submits the following articles
of dissolution	n:
FRST:	The name of the corporation as currently filed with the Florida Department of State:
SECOND;	The document number of the corporation (if known): 11000637.28
THIRD;	The date dissolution was authorized: 9/28/12
	Effective date of dissolution if applicable: (no more than 90 days after dissolution life date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes east 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
	ADAM CEDEN
	(voling group)
	$\mathcal{N}_{\mathcal{O}}$
	x/ML
S 3	Signature: (B) a director, president operator officer - if directors or officers have not been selected; by an incorporator - If in the bonds of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.
	APAM DEDEN
	(Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35

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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: XENOPLEX 24 twe	
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:	
	•
	<u></u>
Muiling address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 2873 Executive Park Pur Ste Par Weston, FC. 37331	

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.

Printed Name of the Person Piling

Signature (941) Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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