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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES,

Account Number : I20050000099 Phone : (813)932-5244

Fax Number : (813)932-3782

## DISSOLUTION OR WITHDRAWAL ALL SYSTEMS PLUMBING & MECHANICAL, INC

Certificate of Status	0
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## **COVER LETTER**

SUBJECT: ALL SYSTEMS PLUMBING & MECHANICAL, INC			
DOCUMENT NUMBER: P11000108496			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ROMAN ALBANO			
(Name of Contact Person)			
CONTRACTORS REPORTING SERVICE, INC.			
(Firm/Company)			
13795 N NEBRAKSA AVE			
(Address)			
TAMPA, FL 33613			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
ROMAN ALBANO at (813) 932-5244  (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			

**MAILING ADDRESS:** 

TO: Amendment Section

**Division of Corporations** 

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:				
	ALL SYSTEMS PLUMBING & MECHANICAL, INC				
SECOND:	. , , , , , , , , , , , , , , , , , , ,	ÁS:	12		
THIRD:	The date dissolution was authorized: 08/30/2012	77	<u> </u>		
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution	n filé date	30 AH		
FOURTH:	Adoption of Dissolution (CHECK ONE)	25	<u>.</u>		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dis	solution		
	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)				
	KAREN SHAPIRO				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person gigning)				