PIADODIA906

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	
	Office Use Only



02/27/12--01010--015 **35.00

12 FEB 24 PH 12: 11 SLURE FARY OF STATE FALLAHASSEE, FLORIDA

MD

Florida Dept of State

2/8/2012

Division of Corporations

Subject : Refund Request

٤,

Good Afternoon,

Due to my error in misunderstanding a letter that I received from the Florida Dept of Agriculture and Consumer Services Licensing Division, I would like to cancel and request a refund on the \$70.00 fee I paid to create a new company name. I already have a legal entity (MVK Enterprises Corp) and an EIN Number.

12 FEB 13 PH 4: 04

SECRETARY CA STATE TALLAHASSEE, FLORID

The name of the entity in error was Patrol Services International and the identification number was P12000012906

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My mailing address is

Mark-Maurer

146 N Hampton Drive

Davenport, FL 33897

I have attached copies of the documents involved in my error. Thank You

Mark Maurer



RECEIVED

12 FEB 24 PM 12: 31

FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE. FLORIDA

February 14, 2012

MARK MAURER 146 N. HAMPTON DRIVE DAVENPORT, FL 33897

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This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We can not cancel and refund fees for entities already filed and assigned a document number. You will have to file "Articles of Dissolutions" to dissolve the corporation.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II Supervisor New Filing Section

33 J.V.

Letter Number: 612A00006774

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

2/22/12

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Dis Solution

DOCUMENT NUMBER: $\frac{p_{12}}{0000} \frac{p_{906}}{12906}$

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANK MAWREN (Name of Contact Person) PATNUL SERVICES INTERNATIONAL CON (Firm/Company) 146 N.HAMATON DAIVE (Address) DAVENPONT FL 33897 (Circulate and Zin Code)

For further information concerning this matter, please call:

MARK MANNER _____at (<u>863</u>) <u>438</u> 7047 (Arca 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 \$\$52.50 Filing Fee, Certificate of Status

Certified Copy (Additional copy is enclosed)

Certificate of Status & 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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the follow articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department States

SECOND: The document number of the corporation (if known): P12000012906

FOURTH: (CHECK AT LEAST ONE BOX)

YNone of the corporation's shares have been issued.

The corporation has not commenced business.

- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

UA majority of the directors authorized the dissolution.

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.)

MARK ANNEN

(Typed or printed name of person signing)

(Title of Person Signing)

Filing Fee: \$35