P12000018955

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	<i>;</i> #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
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SECRETARY OF STATE TALL AHASSEF FI ORIDA

APPROVED AND FILED



COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: ZIGVO CONSULTING INC
DOCUMENT NUMBER: P12000018955
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS R HERRERA
(Name of Contact Person) PREMIER TAX & ACCOUNTING CONSULTANTS
(Firm/Company)
3662 AVALON PK E BLVD #2062
(Address)
ORLANDO FL 32828-4803
(City/State and Zip Code)
For further information concerning this matter, please call:
THOMAS R HERRERA at (407) 392-1488
(Name of Contact Person) (Area Code & Daytime Telephone Number)
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) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
Division of Corporations Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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 ZIGVO CONSULTING INC	f State:			
SECOND:	The document number of the corporation (if known): P 12000018955				
THIRD:	The date dissolution was authorized: DECEMBER 31, 2013				
	Effective date of dissolution <u>if applicable</u> : DECEMBER 31, 201 (no more than 90 days after dissolution				
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				
		JAT.			
	Signature: (By a director, president or other officer lift directors or officers have not been selected, by an incorporator - if by the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	JUL 23 PM 2: 22 CRETARY OF STATE LAHASSEE, FLORIDA	AND		
	SHAUNA L HILL				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Filing Fee: \$35