

P16000069643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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700319231407

12/12/18--01022--003 \*\*10.00

10/17/18--01048--001 \*\*25.00

FILED  
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OF CALIFORNIA  
19 OCT 10 AM 10:41

2018 OCT 15 PM 1:30

*Dissolution*

DEC 11 2018

D CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

DOCUMENT NUMBER: P16000069643

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

Please return all correspondence concerning this matter to the following:

DAVID H. SANDERS, JR.

(Name of Contact Person)

SPECIALIZED SERVICE SOLUTIONS INC.

(Firm/Company)

P.O. Box 51418

(Address)

SARASOTA, FL. 34232

(City/State and Zip Code)

18 DEC 19 11 AM 10:11

FILED  
DIVISION OF STATE  
CORPORATIONS

For further information concerning this matter, please call:

DAVID H. SANDERS, JR.

(Name of Contact Person)

at ( 941 ) 724-5994

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2018

DAVID H SANDERS JR  
P.O. BOX 51418  
SARASOTA, FL 34232

SUBJECT: SPECIALIZED SERVICE SOLUTIONS, INC.  
Ref. Number: P16000069643

We have received your document for SPECIALIZED SERVICE SOLUTIONS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

The filing fee is a total of \$35.00. We will need an additional \$10.00.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 918A00022004

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

SPECIALIZED SERVICE SOLUTIONS INC.

SECOND: The document number of the corporation (if known): P16000069643

THIRD: The file date of the articles of incorporation: AUGUST 23, 2016

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None 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.

☐ A 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.)

DAVID H. SANDERS, JR

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

18 DEC 10 AM 10:41

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
CORPORATION DIVISION

Filing Fee: \$35

## 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: SPECIALIZED SERVICE SOLUTIONS INC.

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:

NO LONGER IN BUSINESS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

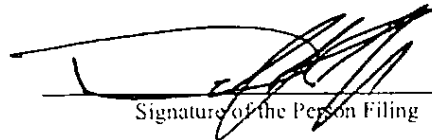
P.O. Box 51418

SARASOTA, FL. 34232

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.

DAVID H. SANDERS, JR

Printed Name of the Person Filing



Signature of the Person Filing

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