

P 93000074221

Requester's Name  
Address  
City/State/Zip Phone #

FILED  
00 APR 21 PM 3:37  
TALLAHASSEE, FLORIDA

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. (407) 599-5444  
(Corporation Name) (Document #)
2. 300003218353--1  
(Corporation Name) (Document #) -04/21/00--01062--005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

*Diss  
11-13-00  
PMS*

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 2, 2000

COMPLETE MANAGEMENT SUPPORT GROUP, INC.  
ATTN: ANTHONY OLIVERI  
832 CHERRY STREET  
WINTER PARK, FL 32789

*Edward P. Jordan II*

*13543 E Highway 50*

*Clermont, FL 32034711*

SUBJECT: COMPLETE MANAGEMENT, INC.

We have received your document for COMPLETE MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

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) 487-6957.

Doug Spitler  
Document Specialist

Letter Number: 200A00024219

RECEIVED  
00 OCT 27 PM 12:15  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 30, 2000

EDWARD P. JORDAN, II      2ND MAILING  
13543 EAST HIGHWAY 50  
CLERMONT, FL 34711

SUBJECT: COMPLETE MANAGEMENT, INC.

We have received your document for COMPLETE MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

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) 487-6957.

Doug Spittler  
Document Specialist

Letter Number: 200A00024219

RECEIVED  
00 NOV 13 PM 1:51  
DIVISION OF CORPORATIONS

500  
5807  
6053  
K2

ARTICLES OF DISSOLUTION

FILED  
00 APR 21 PM 3:37  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 607.1402 of the Florida Statutes, Complete MANAGEMENT Support Group, Inc. Florida corporation (the "Corporation") hereby files its Articles of Dissolution and states as follows:

1. The Name of the Corporation is Complete Management
2. Dissolution of the corporation was authorized on April 11, 2000.
3. Dissolution was authorized by the majority written consent of all shareholders of the corporation, which totaled three, and that said shareholders' vote and consent for dissolution was sufficient for approval of the dissolution of the corporation.
4. No voting groups were required to approve the dissolution of the corporation.

Approved on this 11<sup>th</sup> day of April, 2000.

  
Anthony Oliveri  
President, Shareholder, Director

STATE OF FLORIDA       )  
COUNTY OF LAKE       )

Before me, the undersigned authority, personally appeared Anthony Oliveri, who after presenting his Florida Driver's License, and who, after being duly sworn, acknowledged, attested, affirmed and swore before me that he is the President, Director and Shareholder of \_\_\_\_\_ and that he has the apparent, implied and actual authority to execute the above Articles of Dissolution, and that he executed the foregoing freely and voluntarily for the purposes expressed herein and all statements are true and correct.

WITNESS my hand and official seal in the state and county above stated this 11<sup>th</sup> day of April, 2000.

  
\_\_\_\_\_  
Notary Public

