

P9400023753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

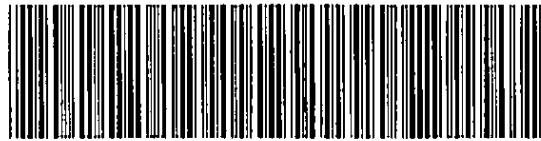
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

EFFECTIVE DATE
12/24

Office Use Only



500321248985

11/26/18--01025--021 *\$35.00

DEC 06 2018
S. YOUNG

18 NOV 29 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: HEAR AGAIN CDS INC DISSOLUTION

DOCUMENT NUMBER: P94000023753

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

Please return all correspondence concerning this matter to the following:

PERRY JOHNSON

(Name of Contact Person)

HEAR AGAIN CDS INC

(Firm/Company)

2923 NW 142ND AVE

(Address)

GAINESVILLE, FLORIDA 32609

(City/State and Zip Code)

For further information concerning this matter, please call:

PERRY JOHNSON

386-462-7217

(Name of Contact Person)

(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**

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:
HEAR AGAIN CDS INC.

SECOND: The document number of the corporation (if known): P94000023753

THIRD: The date dissolution was authorized: 10/19/2018

Effective date of dissolution if applicable: 12/31/2018

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

100%

(voting group)

18 NOV 29 AM 8:17
2018
RECEIVED
FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Signature: Perry Johnson

(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)

PERRY JOHNSON

(Typed or printed name of person signing)

PRESIDENT, DIRECTOR, SHAREHOLDER

(Title of person signing)

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: HEAR AGAIN CDS 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:

CLAIMANT NAME, ADDRESS TELEPHONE NUMBER, EMAIL ADDRESS, THE DATE OF THE CLAIM.

THE GOODS OR SERVICES INVOLVED IN THE CLAIM, AMOUNT OF THE CLAIM, PURCHASE ORDERS,

CONTACT PERSON NAME ADDRESS TELEPHONE NUMBER AND EMAIL ADDRESS, WORK ORDERS

DELIVERY RECEIPTS, INVOICES

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

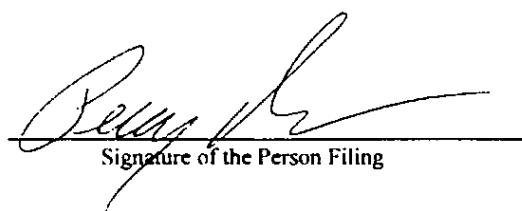
2923 NW 142ND AVE

GAINESVILLE, FL 32609

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.

PERRY JOHNSON

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