P94000032181

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

Division of Corporations				
SUBJECT: Corporate Dissolution, Pro-Guard Security, Inc.				
DOCUMENT NUMBER: P94000032181				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Walter R. Smith II				
(Name of Person)				
(Name of Firm/Company)				
11221 SW 136 Street				
(Address)				
Miami, FL 33176				
(City/State/and Zip Code)				
For further information concerning this matter, please call:				
Walter R. Smith II at (305) 219-5753				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
Sas Filing Fee Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)				
MAILING ADDRESS: STREET ADDRESS:				

Amendment Section

409 E. Gaines Street Tallahassee, Florida 32399

Division of Corporations

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:			
	Pro-Guard	Security, Inc.		
SECOND:	The document nu	mber of the corporation (if know		
THIRD:	The date dissolution was authorized: April 1, 2005			
	Effective date of	dissolution if applicable: April	1, 2005 more than 90 days after dissolution file date)	
FOURTH:	Adoption of Diss	olution (CHECK ONE)		
	Dissolution w		The number of votes cast for dissolution	
	Dissolution w	as approved by of the shareholde	ers through voting groups.	
		tement must be separately provid y on the plan to dissolve:	led for each voting group entitled	
	The number of vo	tes cast for dissolution was suffic	eient for approval by	
		(voting group)		
	Signed this 1st	_{day of} April	, 2005	
		president or other officer - if directors or of or - if in the hands of a receiver, trustee, or o		
	Walter R. S	mith II		
		(Typed or printed name of person signing)		
	Director			
		(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: Pro-Guard Security, 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:
Claimants name and address along with proof of services rendered including
but not limited to a copy of all contracts covering such. All claims must
be sent certified mail to:
Pro-Guard Security, Inc. 12062 SW 117 Ct. Miami, FL 33186.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Pro-Guard Security, Inc.
12062 SW 117 Ct. #119
Miami, FL 33186

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.

Walter R. Smith II

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