

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

**DISSOLUTION OR WITHDRAWAL
CAPITAL CITY SERVICES COMPANY**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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**ARTICLES OF DISSOLUTION
OF
CAPITAL CITY SERVICES COMPANY**
(A Florida Profit Corporation)

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation, submits the following Articles of Dissolution:

1. The name of this Florida corporation is: CAPITAL CITY SERVICES COMPANY (the "Corporation").
2. The document number of the Corporation is P94000055232.
3. The dissolution was approved as of October 16, 2020. The effective date of dissolution is October 31, 2020.
4. Dissolution was recommended by the board of directors of the Corporation, and unanimously approved by the holders of all of the issued and outstanding of the capital stock of the Corporation.

DATED: As of October 16, 2020

CAPITAL CITY SERVICES COMPANY

/s/ Bethany H. Corum

By: _____

Name: Bethany H. Corum

Title: President

NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution is submitted by the dissolving corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

Name of Corporation: CAPITAL CITY SERVICES COMPANY

Document Number of Corporation: P940000055232.

Date of Dissolution: The date the Articles of Dissolution is filed with the Department of State.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: Capital City Services Company, 217 N. Monroe Street, Tallahassee, Florida 32301.

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.

CAPITAL CITY SERVICES COMPANY

/s/ Bethany H. Corum

By: _____

Name: Bethany H. Corum

Title: President