P94000092275

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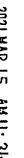
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SECRETARY OF STATE
TALLARASSEE, FL





COVER LETTER

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Tallahassee, FL 32314

TO: Amendment Section Division of Corporations		3 .	
SUBJECT: Disolution of Cycloid Corp.		<u>-</u>	_
DOCUMENT NUMBER: 497591 PO	25.660000		_
The enclosed Articles of Dissolution and for	ee are submitted for filin	g.	
Please return all correspondence concerning	g this matter to the follow	ving:	
ThomasR. Marshall			_
(Name of O	Contact Person)		_
Cycloid Corporation			
(Firm 4867 Hoyer DR	n/Company)	SECR TAL	2021 MAR 15
·	ddress)		- R
Sarasota, FL 34233	auress)	RY OF IASSE	RIS ANI
(City/Stat	te and Zip Code)	S TATE	4H 1: 34
For further information concerning this mat	ter, please call:	·	·
Thomas R. Marshall	at (
(Name of Contact Person)		(Daytime Telephone N	umber)
Enclosed is a check for the following amou	nt:		
■ \$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	Ame Divis	et Address: Indment Section Sion of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Cycloid Corporation
SECOND:	The document number of the corporation (if known): P9400093275
THIRD:	The date dissolution was authorized: 9-1-2020
	Effective date of dissolution if applicable: (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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	ECRETARY OF STATE TALLAHASSE, FL
	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)
	Thomas R. Marshall
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

Filing Fee: \$35