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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: DISSO	DLUTION OF CORPORATIO	ON, DIXSAN, INC.		<del></del>	
DOCUMENT NU	J <b>MBER:</b>				
The enclosed <b>Arti</b>	cles of Dissolution and f	ee are submitted for filing	3.		
Please return all co	orrespondence concerning	g this matter to the follow	ring:		
MALCOLM BROW	N				
	(Name of	Contact Person)			
DIXSAN, INC.					
	(Firr	n/Company)			
368 S TANGERINE	so sw				
	(A	ddress)	::::::::::::::::::::::::::::::::::::::	<b>2</b> 023	
VERO BEACH FL 3	2968			023 JAN Z	4377
	(City/Sta	te and Zip Code)	52	C.D	£
For further inform	ation concerning this man	tter, please call:	OF STAT	PH 3: 09	
MALCOLM BROW	N	at ( <sup>(772)</sup> 4730945	171	(3	
(Name	of Contact Person)	(Area Code)	(Daytime Telephone	Numb	er)
Enclosed is a chec	k 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 Statu Certified Copy (Additional copy is enclosed)	s &	
Mailing Addre	ess:	Street Address:			

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## 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:  DIXSAN, INC.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	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.				
9	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)				
	MALCOLM BROWN				
	(Typed or printed name of person signing)				
	V.P.				
	(Title of pareon ciming)				

Filing Fee: \$35