## P9000099988

(Re	equestor's Name)	
(Ad	ldress)	··· <del>·</del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #⟩
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	·- <u>-</u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: CASINO SECURITY, INC	<b>.</b>	
DOCUMENT NUMBER: P02000047	701	
The enclosed Articles of Dissolution and fe	ee are submitted fo	or filing.
Please return all correspondence concerning	this matter to the	following:
STEVE RICHARDSON		
(Name of	Contact Person)	
(Firm	n/Company)	
18506 TURTLE DRIVE	-	
(A	ddress)	
LUTZ FLORIDA 33549	• -	
(City/Sta	te and Zip Code)	•
For further information concerning this mat	ter, please call:	
STEVE RICHARDSON	at (_813	948-3900
(Name of Contact Person)	(Area C	Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
	S43.75 Filing Factorial Copy (Additional copy enclosed)	Certificate of Status &
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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

Filing Fee: \$35