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(Business Entity Name)

(Document Number)

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4-30-12

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172 APR 23 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 24 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Notice of Corporate Dissolution

DOCUMENT NUMBER: S4192012

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael G. Cole

(Name of Contact Person)

Specialized Information Management Associates, Inc.

(Firm/Company)

1850 Clearwater Harbor Drive

(Address)

Largo, FL 33770

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael G. Cole

(Name of Contact Person)

at (727) 581-9981

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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
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 607.1403, 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:

Specialized Information Management Associates, Inc.

SECOND: The document number of the corporation (if known): _____

THIRD: The date dissolution was authorized: 4/19/2012

Effective date of dissolution if applicable: 4/30/2012
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

Michael G. Cole

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

FILED
APR 23 2012
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Specialized Information Management Associates, 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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Specialized Information Management Associates, Inc.

1850 Clearwater Harbor Drive

Largo, FL 33770

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.

Michael G. Cole, VP

Printed Name of the Person Filing

 VP

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Specialized Information Management
Associates, Inc.

2. The name and address of the registered agent and office is:

Michael G. Cole

(NAME)

1850 Clearwater Harbor Dr

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Largo, FL 33770

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael G. Cole
(SIGNATURE)

3/12/97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314