## P99000018374

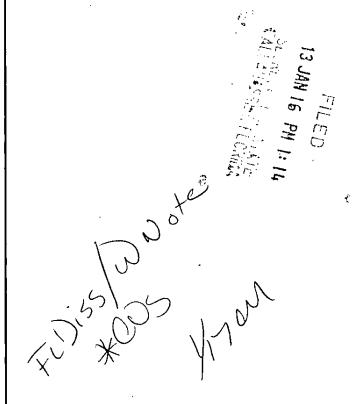
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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01/16/13--01011--004 \*\*43.75



## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: CORPORATE SHIFTY DISSOLUTION WIZ		
DOCUMENT NUMBER: 49900018374		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
TIMOTHY P DEEDAN CPA		
(Name of Contact Person)  (Firm/Company)		
9700 NW 36 H Place Sufe A		
Carlas VIVW PU 30606		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact/Person) at (312) 337 0020 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□ \$35 Filing Fee  □ \$43.75 Filing Fee &  □ \$43.75 Filing Fee &  □ \$52.50 Filing Fee.  Certificate of Status		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
SECOND:	The document number of the corporation (if known): 29900018379	
THIRD:	The date dissolution was authorized: $11/26/20/0$	
	Effective date of dissolution if applicable: 12/31/2011 (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	
	COMMON Stock Shareholders	
	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 tiduciary, by that fiduciary)  (Typed or printed name of person signing)  (Title of person signing)	

Filing Fee: \$35

## **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 thing a voluntary dissolution.
Name of Corporation: Killy Central Florida Inc
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Copy of Signed Ruchass Order,
From / habicity signed NOTE or lavoice
Bill Vaaing
Pay (81) MALIEY CISTESSMENT OF
Hopored bability
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
KTM of Contral Florida Inc
C/o Timothy P Deegan CVA
9200 NW 367h Plane
Garnesville Porda 32806
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.
Timother Derson han the MA
Printed Name of the Person Filing Ognature of the Person Filing
•

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