P99000042310

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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Dissolution W/notice 5-18-05

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AMICLES & DISCOLU	(1/ON
DOCUMENT NUMBER: P99000 42	3/0
The enclosed Articles of Dissolution and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the service of Person (Name of Person)	following:
ENSURATE COMPUTER CONSUL	TING TO.
ENSURING COMPUTER CONSULT Name of Firm/Company)	()
(H) BOX BO1420AMA (Address)	
Cocoa Biseld, FL 32 (City/State/and Zip Code)	932-1920
For further information concerning this matter, please call:	
(Name of Person) at (32)) 223-3833 ode & Daytime Telephone Number)
Enclosed is a check for the following amount:	51
\$35 Filing Fee \$\ \$43.75 Filing Fee & \$\ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy enclosed)	is Certificate of Status & (Additional copy is enclosed)
Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street
Tallahassee, Florida 32314	Tallahassee, Florida 32399

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:
	ELSWORTH COMPUTER COUSULTING, The	2-
SECOND:	The document number of the corporation (if known): P7400046	13/0
THIRD:	The date dissolution was authorized: $\frac{5/1/0.5}{1}$	超量
	Effective date of dissolution if applicable: 5/4/05 (no more than 90 days after dissolution)	on filedate)
FOURTH:	Adoption of Dissolution (CHECK ONE)	SEE, FL
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for disseluti
	Dissolution was approved by of the shareholders through voting groups	•
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	
	Signed this day of,	
	DC5701	
	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)	,
	PRESCRI E ENSURANDE	
	(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 filing a voluntary dissolution. 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) 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.

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