P990077883

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 23, 2004

RONALD G LAVICOTT TECHNICAL DESIGN SOLUTIONS, INC. 1503 THORNHILL CIRCLE OVIEDO, FL 32765

SUBJECT: TECHNICAL DESIGN SOLUTIONS, INC.

Ref. Number: P99000077883

We have received your document for TECHNICAL DESIGN SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form submitted is for the Revocation of Dissolution rather than Articles of Dissolution for your corporation. If your intention is to dissolve this corporation please complete the enclosed form and return for filing.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 404A00056044

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ARTICLES OF	DISSOLUTION
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
RONALO G.	LAUKOTT
	n)
TECHNICAL DESIGN (Name of Firm/)	SOLUTIONS, INC.
1503 THORNHILE	CIRCLE
•	,
OVIEDO , FL (City/State/a	32765
(City/State/a	nd Zip Code)
For further information concerning this matter, pl	ease call:
RONALO G. LAUICOTT (Name of Person)	at (<u>467</u>) <u>977 – 1763</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cer (Ad	3.75 Filing Fee & \$\sigma\$ \$\\$52.50 Filing Fee, tified Copy ditional copy is closed) \$\sigma\$ \$\\$Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to s of dissolutio	section 607.1403, Florida Statutes, this Florida profit corporation submits the following article
oi dissolutio	
FIRST:	The name of the corporation as currently filed with the Department of State:
	TECHNICAL DESIGN SOLUTIONS, INCOME
SECOND:	The document number of the corporation (if known): P9900077883
THIRD:	The date dissolution was authorized: AUGUST 31, 2004
	Effective date of dissolution if applicable: AUSUST 31, 2004 (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 of 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)
	Signed this day of
Signat	ure: (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)
	(Typed or printed name of person signing)
	(Typed of princed name of person signing)
	DIRECTOR (Title of nerson signing)

Filing Fee: \$35