

P99000099058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100094412121

03/23/07--01003--010 **52.50

FILED
07 MAR 23 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Volun. Diss.

03-27-07

DC

March 19, 2007

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

I hope I've filled this out correctly. The
Corporate bank account has been closed.

I need a copy of the dissolution in order
to qualify to file for social security retirement
benefits. They are holding my application
for two more weeks, then I have to re-file.

So, I would appreciate it very much if
you could give this your attention. My cell
phone # is: (305) 304-4456 if you have questions.
Thank you

Sincerely,

Sheila Tay

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Sheila Terry

(Name of Contact Person)

Cudjoe Bay Consulting

(Firm/Company)

22562 Jolly Roger Drive

(Address)

Cudjoe Key FL 33042

(City/State and Zip Code)

For further information concerning this matter, please call:

Sheila Terry

(Name of Contact Person)

at (305) 304-4456

(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:

Cudjoe Bay Consulting Inc

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

THIRD: The date dissolution was authorized: March 19, 2007

Effective date of dissolution if applicable: _____
(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

One vote - One person corporation
(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)

Sheila Terry
(Typed or printed name of person signing)

President
(Title of person signing)

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TALLAHASSEE, FLORIDA

Filing Fee: \$35