## 199000104077

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
( ),,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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OF STATE LARY OF STATE LARY SEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	•
12	
SUBJECT: ARTICLES OF	DISSOLUTION
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
TAY T, U. (Name of Contact	)IENER
(Name of Contac	et Person)
SECURITY Specifical (Firm/Com	STS ENTERDRISES INC
(Firm/Com	pany)
3640 NW	4/ST STREET
(Address	)
MIAMI FLORI	<u> </u>
(City/State and	Zip Code)
For further information concerning this matter, pl	ease call:
-	•
TAVJ. WIENDE :	1(305) 970-5089
Name of Contact Person)	t (305), 970-5089 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cer (Add	3.75 Filing Fee & \$\sum \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee FI 37314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION OF AUG -7 PM 1: 35 Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits life following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	SECRITY SPECIALISTS ENTERPRISE, INC.
SECOND:	The document number of the corporation (if known): <u>P99000/04077</u>
THRD:	The file date the articles of incorporation:
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution Exertive 8-1-0
	A majority of the directors authorized the dissolution.
Sign	ature:  (By a director, pyssident 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)
	Dans

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. Name of Corporation: 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 filling of this notice.

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

Signature of the Person Filing