P99000105511

(Requestor's Name)	
(Address)	20005919
(Address) (City/State/Zip/Phone #)	w/ 1/2 w/ 1-
PICK-UP WAIT MAIL	Voldes Inofice T. Lewis
(Business Entity Name)	09/01/0501034
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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-002 **52.50

COVER LETTER

TO: Amendment Section Division of Corporations	ı
SUBJECT: Custom Pest Control, In	<u>c. </u>
DOCUMENT NUMBER: P99000/05511	
The enclosed Articles of Dissolution and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Shannaldinter	
Shannon Winters (Name of Person)	
•	
(Name of Firm/Company))
4270 Alama Avenue	# 124-42K
4270 Aloma Avenue (Address)	121 (2)
Winter Park, FL 3279 (City/State/and Zip Code	e)
For further information concerning this matter, please call:	
Shannon Winters at (40 (Name of Person) (Are	27) 672 - 1181 a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\big\\$43.75 Filing Fee & \$\bigs\	py Certificate of Status &
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	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:	
	Cystom Pest Control Inc.	
SECOND:	The document number of the corporation (if known): P9900105511	
THIRD:	The date dissolution was authorized: 06/30/2003	
	Effective date of dissolution if applicable: 12/3/2003 (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 30 day of June 2003	
	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)	
	(Typed or printed name of person signing)	
	President (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.
Name of Corporation: Custom Pest Control, Inc.
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:
Company and for Individual Names
Employer Identification' Number and for Social Security Number
Address and Phone Number
Amount of Claim and Related Services/Products Provided
Original Documents Related to Services Products Provided
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Cystom Pest Control, Inc.
4270 Alona Avenue
124-42K
Winter Park, FL 32792
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.
Shannon Winters President Printed Name of the Person Filing Signapore of the Person Filing
Printed Name of the Person Filing Signature of the Person Filing