## \* S 26668

(Requestor's Name)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Elling Officer	
Special Instructions to Filing Officer:	

Office Use Only



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SECRETARY OF STATE VISION OF CORPORATIONS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Dissolution of Central Pest S	ervices Inc
DOCUMENT NUMBER: S26668	
DOCUMENT NUMBER:	<del></del>
The enclosed Articles of Dissolution and fee are sul	omitted for filing.
Please return all correspondence concerning this ma-	ter to the following:
Neil S Owens	
(Name of Contact I	'erson)
(Firm/Compa	ny)
215 Whisper Lake Rd	
(Address)	
Palm Harbor Fl 34683-5547	
(City/State and Zi	p Code)
For further information concerning this matter, please	se call:
Neil S Owens at (	(Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ied Copy Certificate of Status & Certified Copy
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

SECRETARY OF STATE
OIVISION OF CORPOR STATE
Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles NS
of dissolution:

ARTICLES OF DISSOLUTION

SECRETARY OF STATE
CORPOR STATE
AM 9: 45

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FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Central Pest Services Inc.
SECOND:	The document number of the corporation (if known): S26668
THIRD:	The date dissolution was authorized: 3/20/2009
	Effective date of dissolution if applicable: 3/20/2009  (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 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)
	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)
	Neil S Owens
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35