

V08587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

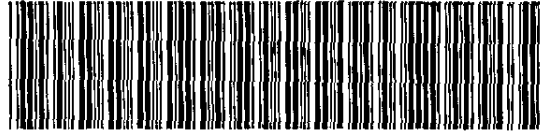
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05 FEB -4 AM 10:49
TALLAHASSEE, FLORIDA

02/04/05--01026--023 **35.00

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF TROPICAL SECURITY SYSTEMS,
Inc.

DOCUMENT NUMBER: V08587

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

Please return all correspondence concerning this matter to the following:

DENNIS BYRN
(Name of Person)

TROPICAL SECURITY SYSTEMS, INC.
(Name of Firm/Company)

P.O. BOX 100216
(Address)

FT. LAUDERDALE FL 33310
(City/State/and Zip Code)

For further information concerning this matter, please call:

DENNIS BYRN at (954) 9142493
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
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 Department of State:

TROPICAL SECURITY SYSTEMS, INC.

SECOND: The document number of the corporation (if known): V 0858

THIRD: The date dissolution was authorized: 12-31-2004

Effective date of dissolution if applicable: 12-31-2004
(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 _____.

Signature: Dennis Byrn

(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)

DENNIS BYRN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

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DEPARTMENT OF STATE

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: TROPICAL SECURITY SYSTEMS, 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:

TIME + DATE OF CLAIM

ALL DOCUMENTS PERTAINING TO CLAIM

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FLORIDA
DEPARTMENT OF STATE

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

TROPICAL SECURITY SYSTEMS

P.O. BOX 100216

FT. LAUDERDALE FL 33310

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.

DENNIS BURN

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing