P08000021989

(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:

wrong form/money

Office Use Only

500283912125

04/08/16--01014--010 **25.00

04/27/16--01003--022 **10.00

FILED
16 APR 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss. w/notice

APR 28 2016

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BELCUORE RESPONSE SOLUTIONS

DOCUMENT NUMBER: P08000 21989

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

Please return all correspondence concerning this matter to the following:

THOMAS R. BELCUORE
(Name of Contact Person)

(Firm/Company)

17414 SW 3RD STREET
(Address)

HICANOPY FL 32667
(City/State and Zip Code)

FILED
16 APR 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

THOMAS BELCUORE at (352) 258-4295
(Name of Contact Person) (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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2016

THOMAS R. BELCUORE
BELCUORE RESPONSE SOLUTIONS
17414 SW 3RD STREET
MICANOPY, FL 32667

SUBJECT: BELCUORE RESPONSE SOLUTIONS, INC.
Ref. Number: P08000021989

We have received your document for BELCUORE RESPONSE SOLUTIONS, INC. and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 016A00007527

RECEIVED
16 APR 27 AM 7:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

BELCUORE RESPONSE SOLUTIONS

SECOND: The document number of the corporation (if known): P08 00000 21989

THIRD: The file date of the articles of incorporation: FEB. 28, 2008

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued. (SOLE PROPRIETOR)

☐ The corporation has not commenced business.

FILED
08 APR 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

☐ A majority of the directors authorized the dissolution.

SOLE SOURCE CORPORATION, NO SHARES, NO ASSETS, NO LIENS, NO LITIGATION

Signature: Thomas R Belcuore

(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.)

THOMAS R. BELCUORE

(Typed or printed name of person signing)

(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: BELCUORE RESPONSE SOLUTIONS

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:

N/A

FILED
16 APR 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 filing of this notice.

THOMAS R. BELCUORE
Printed Name of the Person Filing

Thomas R Belcuore
Signature of the Person Filing

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