

P12000082578

(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:

Office Use Only



200287517072

07/05/16--01016--007 **35.00

FILED
16 JUL -5 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

done w/notice

JUL 08 2016

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Permanent Dissolution

DOCUMENT NUMBER: P120 000 82578

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

Please return all correspondence concerning this matter to the following:

Raynold Milfort
(Name of Contact Person)

Taxadvantage Plus Inc.
(Firm/Company)

820 NE 125 St
(Address)

North Miami, FL 33161
(City/State and Zip Code)

For further information concerning this matter, please call:

Raynold Milfort at (305) 336-4390
(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

FILED
16 JUL -9 PM 2:05
TALLAHASSEE, FL
SECRETARY OF STATE

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:

Tax Advantage Plus Inc

SECOND: The document number of the corporation (if known): P12000082578

THIRD: The date dissolution was authorized: 6-30-16

Effective date of dissolution if applicable: 6-30-16

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Raynold MILFORT

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
16 JUL -5 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: TAXadvantage Plus 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:

An UNKNOWN individual by the name of or used the name of Herbert Landers to fraudulently file an (am) amendment and add himself to the Corporation as VP. Therefore, I request the complete and permanent dissolution of this Corporation immediately.

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

820 NE 125 St
NORTH Miami, FL 33161

FILED
16 JUL -5 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Raynold MILFORD
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing