# 502699

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2008

PATRICIA KUNZ T & W CONCESSIONS, INC. 404 COPPERLEAF CIRCLE BRANDON, FL 33511

SUBJECT: T & W CONCESSIONS, INC.

Ref. Number: 502699

We have received your document for T & W CONCESSIONS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 008A00029521

SEGRETARY OF STATE TAULAHASSEE, FLORIDA

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BECEIVED

# **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations			
Division of Corporations			
SUBJECT: Voluntary	COND. Dissolution		
DOCUMENT NUMBER: 50 V	699		
The enclosed Articles of Dissolution and fe	ee are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Patricia Kunz (Name of	V.P.		
(Name of C	Contact Person)		
Town Contemplation	16 TAG.		
· (Firm	15 Tac- n/Cómpany)		
_	ddress)		
(A)	ddress)		
Brandon FL 33	511		
Brandon, FL 33511 (City/State and Zip Code)			
For further information concerning this mat	tter, please call:		
(Name of Contact Person)	at (800) 404-5873 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amou	nt:		
\$35 Filing Fee \$\times\$ Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

# 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	f State:	•
	TEW Concessions, Inc.	•	
SECOND:	The document number of the corporation (if known): 502699		
THIRD:	The date dissolution was authorized: $17/y0/0.7$	<del></del>	
	Effective date of dissolution if applicable: 17/20/57 (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 was sufficient for approval.	for dissolu	ition
	Dissolution was approved by the shareholders through voting groups.	169.	
and the same of the same	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	ntitled	08 JUN 20
	The number of votes cast for dissolution was sufficient for approval by		20 PM
	(voting group)	SIAI	4: 02
	(Towning group)	<b>≫</b>	10
	Sizza Lung		
	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)		
,	Patricia Kunz (Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
	Vice 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. w Concessions Inc. Name of Corporation:\_\_\_\_ 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: due to inactivity a red For corporation Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 404 Copperleaf Circle 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.

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

Printed Name of the Person Filing