

F07030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

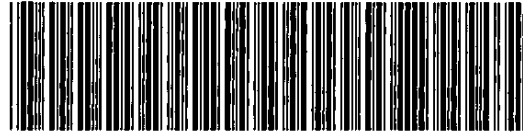
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/10/08--01011--002 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FWDing

1-14-08

TFS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TransAm Financial Services, Inc.

DOCUMENT NUMBER: F07030

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

Please return all correspondence concerning this matter to the following:

George Noga

(Name of Contact Person)

(Firm/Company)

P. O. Box 915809

(Address)

Longwood, Florida 32791-5809

(City/State and Zip Code)

For further information concerning this matter, please call:

George Noga

(Name of Contact Person)

at (407) 875-1223

(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

eff
1-31-08

FIRST: The name of the corporation as currently filed with the Florida Department of State:

SECOND: The document number of the corporation (if known): F07030

THIRD: The date dissolution was authorized: 1/8/08

FOURTH: Adoption of Dissolution (CHECK ONE)

- 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 ~~the~~ 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)

George Noga

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA