

F08000003323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

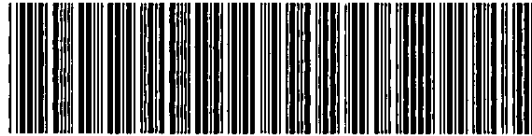
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Certified Copies _____

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09 OCT 21 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Withdr.
C.COULLETTE

OCT 22 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: F08000003323

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

Please return all correspondence concerning this matter to the following:

Tom Wolfe

(Name of Contact Person)

The Be Debt Free Corp

(Firm/Company)

P.O. Box 261016

(Address)

Tampa, Fl 33685

(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Wolfe

(Name of Contact Person)

at (813) 244-6875

(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

September 23, 2009

TOM WOLFE
THE BE DEBT FREE CORP
PO BOX 261016
TAMPA, FL 33685

SUBJECT: THE BE DEBT FREE CORP.
Ref. Number: F08000003323

We have received your document for THE BE DEBT FREE CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 609A00031176

RECEIVED
2009 OCT 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE BE DEBT FREE CORP

(Name of Corporation)

DOCUMENT NUMBER: F08000003323

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

TOM WOLFE

(Name of Person)

THE BE DEBT FREE CORP

(Firm/Company)

P.O. BOX 261016

(Address)

TAMPA, FL 33685

(City/State and Zip code)

For further information concerning this matter, please call:

TOM WOLFE

(Name of Person)

at (813) 244-6875

(Area Code & Daytime Telephone Number)

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

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

THE BE DEBT FREE CORP

(Name of Corporation)

F08000003323

(Document Number of Corporation (if known))

NEVADA

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

P.O. BOX 261016

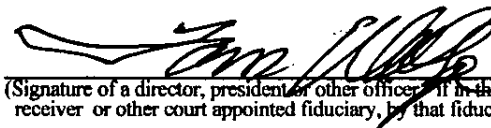
(Mailing Address)

TAMPA, FL 33685

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer, if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

10-14-09

(Date)

TOM WOLFE

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

FILING FEE \$35