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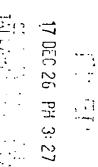


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## **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** SUBJECT: \_\_\_\_\_ C. & C. FINANCIAL SERVICES, INC. DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Donna Collova on behalf of Charles Collova (deceased) (Name of Contact Person) C. & C. FINANCIAL SERVICES, INC. (Firm/Company) 4127 W. CYPRESS ST (Address) TAMPA, FL 33607 (City/State and Zip Code) For further information concerning this matter, please call: Donna Collova (Majority Shareholder) (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee • \$43.75 Filing Fee & **□** \$43.75 Filing Fee & **□** \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) MAILING ADDRESS: **STREET ADDRESS:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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 State:		
	C. & C. FINANCIAL SERVICES, INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: by Donna Collova on behalf of Shareholders		
	Effective date of dissolution <u>if applicable</u> :  (no more than 90 days after dissolution file date)		
	(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 not be listed as the document's effective date on the Department of State's records.	date will	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	<ul> <li>Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.</li> <li>Dissolution was approved by the shareholders through voting groups.</li> </ul>		
	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	A CO	בי טר
	(voting group)	<del></del>	0.7.0
		•-	777 3.
	Signature: College a)		. 77
•	(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)		
	Donna Collova on behalf of Charles Collova (deceased)		
	(Typed or printed name of person signing)	<del></del>	
	Majority Shareholder		
	(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: \_\_\_\_\_ C. & C. FINANCIAL SERVICES, 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: Name of provider Authorization to provide services or products Date and Proof of services or products provided satisfactorily Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 4127 W. CYPRESS ST TAMPA, FL 33607 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. Donna Collova

Signature of the Person Filing

Printed Name of the Person Filing