

F57698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

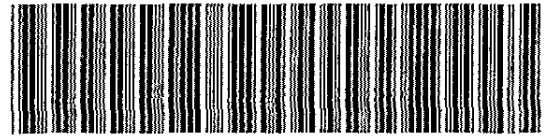
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
05 JAN 21 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/21/05
Diss.
JF

TAX ACCOUNTING, INC.

5011 TAMIAMI TRAIL EAST

NAPLES, FL 34113

TEL 239-263-5051

FAX 239-263-4578

Secretary of State
Amendment Section, Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

January 10, 2005

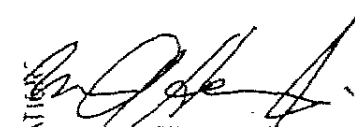
Re: Corporate Dissolution and Corporate Name

Dear Sir:

Enclosed are the Articles of Dissolution for Tax Accounting, Inc., as of December 31, 2004.

Further, I hereby release the corporate name Tax Accounting, Inc. to Maria Delk, 5011 Tamiami Trail East, Naples, FL 34113.

Sincerely,


Norman A. Herren, Jr.
Sole Stockholder

05 JAN 14 AM 11:18

DIV OF CORPORATIONS

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 Department of State:

Tax Accounting, Inc.

SECOND: The document number of the corporation (if known): F57698

THIRD: The date dissolution was authorized: 12/31/04

Effective date of dissolution if applicable: 12/31/04
(no more than 90 days after dissolution effective date)

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 of 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)

Signed this 18 day of JANUARY, 2005.

Signature: [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)

NORMAN A. HERREN, JR.
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35



Arlene Cutler
My Commission DD150573
Expires September 17 2006

FLORIDA
Collier CTy
18th day Jan 2005

FILED

05 JAN 21 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA