

H53690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

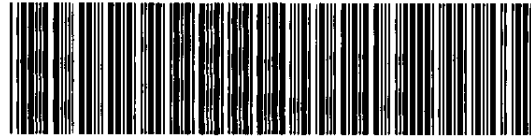
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600185853846

09/27/10--01028--015 **35.00

EFFECTIVE DATE

10-1-10

AD

FILED
10 SEP 27 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts SEP 28 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The TRAVEL TOUCH, INC.

DOCUMENT NUMBER: H 5 3690

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

Please return all correspondence concerning this matter to the following:

BONNIE LEVINE
(Name of Contact Person) DBA
The TRAVEL TOUCH INC TRAVEL IS OUR
(Firm/Company) BUSINESS
16100 EMERALD ESTATES DR # 179
(Address)
WESTON, FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

BONNIE LEVINE at (954) 558 0294
(Name of Contact Person) (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

EXPIRATION DATE
10-1-82

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

SECOND: The document number of the corporation (if known): H 53690

THIRD: The date dissolution was authorized: 9/30/10

Effective date of dissolution if applicable: 10/1/00
(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 for dissolution was sufficient for approval.

☐ Dissolution was approved by 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)

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)

BONNIE LEVINE

(Typed or printed name of person signing)

SEC 1 TREAS

(Title of person signing)

Filing Fee: \$35