

H99218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 DEC -3 AM 9:18

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORPORATE DISSOLUTION

**DOCUMENT NUMBER:** H99218

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

Please return all correspondence concerning this matter to the following:

PATRICIA EDWARDS

(Name of Contact Person)

TIFFANY'S LAMP & SHADE CENTER, INC.

(Firm/Company)

3227 ATLANTIC BLVD.

(Address)

JACKSONVILLE, FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA EDWARDS

(Name of Contact Person)

at ( 904 ) 288-8613

(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

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

(no more than 90 days after dissolution file date)

(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)

Patricia Edwards

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**