

ND30000003303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500258980525

04/21/14--01015--024 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAY 19 PM 3:54

Dissolution

MAY 23 2014

T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 MAY 19 PM 4:22

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

April 29, 2014

BARBARA TARPEY
OAK GROVE CRIME WATCH
24306 ROLLING VIEW CT
LUTZ, FL 33559 US

SUBJECT: OAK GROVE CRIME WATCH INC.
Ref. Number: N03000003303

We have received your document for OAK GROVE CRIME WATCH INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

For the Adoption of Dissolution please complete EITHER section I OR II, NOT BOTH.

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 414A00009081

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OAK GROVE CRIME WATCH INC.

DOCUMENT NUMBER: N03000003303

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

Please return all correspondence concerning this matter to the following:

Barbara Tarpey

(Name of Contact Person)

Oak Grove Crime Watch Inc.

(Firm/Company)

24306 Rolling View Ct

(Address)

Lutz Florida 33559

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Tarpey

(Name of Contact Person)

at **(813)**

(Area Code)

545 0678

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

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

OAK GROVE CRIME WATCH INC.

SECOND: The document number of the corporation (if known): **N03000003303**

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

_____. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was **4/15/2014**.

The number of directors in office was **3** and the vote for resolution was **2** for and **1** against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: **4/17/2014**
(no more than 90 days after dissolution file date)

Signature: _____

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary).

Barbara Tarpey

(Typed or printed name of person signing)

President Oak Grove Crime Watch Inc.

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAY 19 PM 3:54