

NO 6000001734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

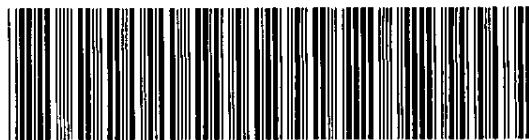
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAY 27 PM 3:37
CLERK OF STATE
HALL COUNTY, FLORIDA

NR
5/27/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2014

Winsome Helwig
P.O. Box 111367
Palm Bay, FL 32911-1367

SUBJECT: BREVARD CARIBBEAN ASSOCIATION, INC.
Ref. Number: N06000001734

We have received your document for BREVARD CARIBBEAN ASSOCIATION, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

If you wish to file your dissolution online you must go to our website www.sunbiz.org and click on electronic filing. The dissolution must be done completely online and you will pay with a credit card. If you wish to file your articles of dissolution by mail please fill out the attached dissolution form and return it with your \$35.00 check.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 314A00009823

RECEIVED
14 MAY 27 AM 11:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BREVARD CARIBBEAN ASSOCIATION

DOCUMENT NUMBER: N06000001734

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

Please return all correspondence concerning this matter to the following:

WINSOME J. WINT-HELWIG

(Name of Contact Person)

BREVARD CARIBBEAN ASSOCIATION

(Firm/Company)

P.O. BOX 111367

(Address)

PALM BAY, FLORIDA 32911

(City/State and Zip Code)

For further information concerning this matter, please call:

WINSOME J. WINT-HELWIG at **321** **726-0038**

(Name of Contact Person)

(Area Code)

(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

EFFECTIVE DATE
6-31-14

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:

BREVARD CARIBBEAN ASSOCIATION INC.

SECOND: The document number of the corporation (if known): **N06000001734**

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 **4/27/2014**.

The number of directors in office was **4** and the vote for resolution was **4** for and **0** against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: **5/31/2014**
(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)

WINSOME J. WINT-HELWIG

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA