

NO 6xxxx 4635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

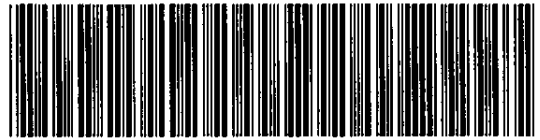
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/14/09--01049--002 **35.00

D.99
[Signature]

FILED
2009 DEC 14 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

127509

ACCOUNTING, TAX & FINANCIAL SERVICES, INC.

510 MARCUM ROAD
LAKELAND, FLORIDA 33809

863-859-1243
863-859-9500
FAX 863-853-8328

December 9, 2009

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Articles of Dissolution
06000004635
Lakeland Dog Sports Inc.

To Whom It May Concern:

The above referenced taxpayer needs to change the registration of their club. It is our understanding that the procedure would be to dissolve the Non-profit Corporation and apply for a Profit Corporation registration. So, attached are the Articles of Dissolution. Lakeland Dog Sports Inc states that they will not renew their annual report of the non-profit corporation and release the name so when they apply for the corporation application, they can retain the name LAKE LAND DOG SPORTS, INC.

If there is another way of correcting this matter, please contact me asap at (863) 859-1243. We will be checking on the status of this entity and as soon as we see the dissolution recorded on sunbiz, we will be submitting the application for a corporation under Lakeland Dog Sports inc. Thank you for your help in this matter.

Sincerely,



Alice A. Miller
Accountant

Accounting, Tax & Financial Services, Inc.

Cc: Barbara Craig

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKELAND DOG SPORTS INC

DOCUMENT NUMBER: N06000004635

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

Please return all correspondence concerning this matter to the following:

BARBARA CRAIG

(Name of Contact Person)

(Firm/Company)

3236 CULLMAN DRIVE

(Address)

LAKELAND, FL 33805

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA CRAIG

(Name of Contact Person)

at (**863**) **687-1881**

(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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

LAKELAND DOG SPORTS INC

SECOND: The document number of the corporation (if known): N06000004635

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 the 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:

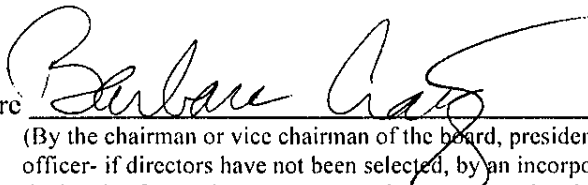
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 12/09/2009.

The number of directors in office was 3 and the vote for resolution was

3 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: IMMEDIATELY
(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 CRAIG
(Typed or printed name of the person signing)

TREASURER
(Title of person signing)

FILING FEE: \$35