

NO10000003202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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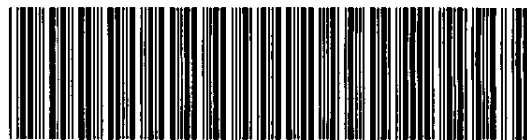
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP -8 PM 3:04

SEP 22 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CITRUS INFORMATION TECHNOLOGY ALLIANCE, INC.

DOCUMENT NUMBER: N07000003202

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

Please return all correspondence concerning this matter to the following:

Teresa M Bell

(Name of Contact Person)

(Firm/Company)

2656 W. Sunrise St.

(Address)

Lecanto, FL 34461

(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa Bell

at

352

422-5025

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2014

TERESA M BELL
2656 W SUNRISE ST.
LECANTO, FL 34461 US

SUBJECT: CITRUS INFORMATION TECHNOLOGY ALLIANCE, INC.
Ref. Number: N07000003202

We have received your document for CITRUS INFORMATION TECHNOLOGY ALLIANCE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Description of Information section on the Notice of Corporate Dissolution must be completed with the information that should be included in a claim should someone file a claim against the dissolved corporation.

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: 914A00018174

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:
CITRUS INFORMATION TECHNOLOGY ALLIANCE, INC.

SECOND: The document number of the corporation (if known): N07000003202

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

5/1/2013. 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 5/1/2013.

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: _____
(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)

Teresa M Bell

(Typed or printed name of person signing)

President/Treasurer

(Title of person signing)

Filing Fee: \$35

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