

N10 000007334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

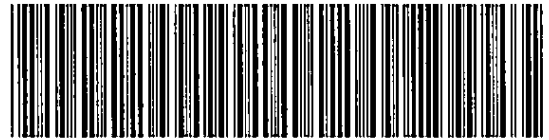
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900389866439

09/24/2022 10:00:00 AM

2022 JUN 24 AM 9:04
CLERK OF SUPERIOR COURT
JULY 1 2022

Dissolution

SEP 12 2022

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of 4SITE, Inc.

DOCUMENT NUMBER: N10000007734

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

Please return all correspondence concerning this matter to the following:

Freda Smith

(Name of Contact Person)

(Firm/Company)

1435 Covered Bridge Drive

(Address)

DeLand, FL 32724

(City/State and Zip Code)

For further information concerning this matter, please call:

Freda Smith

(Name of Contact Person)

at (386)
(Area Code)

717-6946

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JUN 24 PM 9:04

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:
4SITE, INC.

SECOND: The document number of the corporation (if known): N10000007334

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

5/31/2022. The number of votes cast by the members was sufficient for approval.

with ☐ 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 _____.

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

FOURTH Effective date of dissolution, if applicable: 5/31/2022
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Rachel D. Myers

(Typed or printed name of person signing)

CEO, Director

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: 4SITE, Inc.

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.*

Description of information that must be included in a claim:

4SITE, Inc. will be dissolved as of 5/31/2022.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1435 Covered Bridge Drive
DeLand, FL 32724

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Freda Smith
Printed Name of the Person Filing


Signature of the Person Filing

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007334

Entity Name: 4SITE. INC.

Current Principal Place of Business:

1435 COVERED BRIDGE DR
DELAND, FL 32724

Current Mailing Address:

1435 COVERED BRIDGE DR
DELAND, FL 32724

FEI Number: 27-3186985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, FREDA
1435 COVERED BRIDGE DR
DELAND, FL 32724 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, DIRECTOR
Name MYERS, RACHEL D
Address 1109 E ARIZONA AVE
City-State-Zip: DELAND FL 32724

Title DIRECTOR
Name LANE, FRED
Address 231 W. MINNESOTA AVE.
City-State-Zip: DELAND FL 32720

Title DIRECTOR
Name PURVIS, BARBARA
Address 105 ASTERBROOKE DR.
City-State-Zip: DELAND FL 32724

Title DIRECTOR
Name SMITH, FREDA L.
Address 1435 COVERED BRIDGE DR
City-State-Zip: DELAND FL 32724