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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.  
Account Number : I20200000174  
Phone : (239)262-5303  
Fax Number : (239)262-6030

**DISSOLUTION OR WITHDRAWAL  
ANIMAL TASK FORCE OF SWFL, INC.**

Certificate of Status	1
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A. RAMSEY  
JUL 13 2022

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Animal Task Force of SWFL, Inc.

**DOCUMENT NUMBER:** N10000009054

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

Please return all correspondence concerning this matter to the following:

Conrad Willkomm, Esq.

(Name of Contact Person)

Law Office of Conrad Willkomm

(Firm/Company)

3201 Tamiami Trail N 2nd Floor

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Desiree Boissiere

at 239

262-5303

(Name of Contact Person)

(Area Code)

(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



July 11, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ANIMAL TASK FORCE OF SWFL, INC.  
1507 MUREX DR  
NAPLES, FL 34102

SUBJECT: ANIMAL TASK FORCE OF SWFL, INC.  
REF: N10000009054

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE NOTICE OF CORPORATE DISSOLUTION MUST INCLUDE A DESCRIPTION OF INFORMATION THAT MUST BE INCLUDED IN A CLAIM. AN EXAMPLE OF THE INFORMATION WE NEED MAY BE NAME OF PERSON FILING THE CLAIM, THEIR ADDRESS, EMAIL AND PHONE NUMBER. YOU MAY ALSO WANT TO KNOW THE REASON FOR THE CLAIM.

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.

Darlene Connell FAX Aud. #: H22000232945  
Regulatory Specialist II Supervisor Letter Number: 922A00015447

**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:  
Animal Task Force of SWFL, Inc.

SECOND: The document number of the corporation (if known): N10000009054

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

6/26/2022

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 \_\_\_\_\_.

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: \_\_\_\_\_  
(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: Kelly Hyland

(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)

Kelly Hyland

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**Filing Fee: \$35**