

N100000011049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

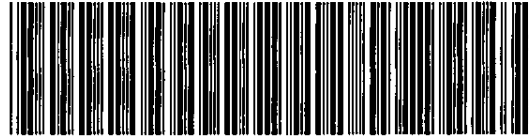
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Art Diss
@ 1/25/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Trinity Gateways INC

DOCUMENT NUMBER: N10000011049

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

Please return all correspondence concerning this matter to the following:

Tricia L. Sparks

(Name of Contact Person)

Trinity Gateways INC

(Firm/Company)

10536 Fox Squirrel Lane

(Address)

Jacksonville, FL 32257

(City/State and Zip Code)

For further information concerning this matter, please call:

Tricia L. Sparks

(Name of Contact Person)

at (904) 803-1799

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

Trinity Gateways INC.

SECOND: The document number of the corporation (if known): N10000011049

THIRD: The file date of the articles of incorporation: 11/23/2010

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☐ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☒ The dissolution was authorized by a majority of the incorporators.

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Signature: Tricia L. Sparks

(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)

Tricia L. Sparks

(Typed or printed name of person signing)

Incorporator and Point of Contact

(Title of person signing)

Filing Fee: \$35

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000198923)))



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To:

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

From:

GAIL S ANDRE
Account Name : LOWMEES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED RESIGNATION OF REGISTERED AGENT THANK YOU.

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT RESIGNATION
JOURNEY'S, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RA/Res
@ 1/25/12

Electronic Filing Menu

Corporate Filing Menu

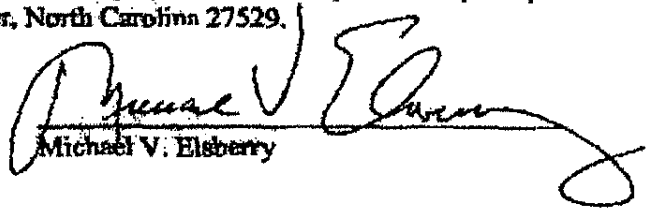
Help

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RESIGNATION OF REGISTERED AGENT

I, **MICHAEL V. ELSBERRY**, hereby resign as Registered Agent of **JOURNEY 5, INC.**, Charter No. 443454 whose last registered office is located at 215 North Eola Drive, Orlando, Florida 32801, said resignation to be effective seven (7) days from the date hereof.


I hereby certify that on this 17th day of January, 2012, I have mailed a copy of this notice by certified mail, return receipt requested to Journey 5, Inc. to the corporation's principal and mailing address at 63 Glen Road, 642, Garner, North Carolina 27529.

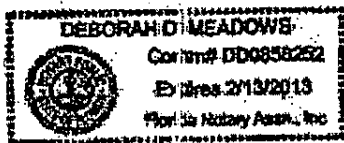

Michael V. Elsberry

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to and subscribed before me
this 17th day of January, 2012
by Michael V. Elsberry who is personally
known to me or who produced

as identification:


Printed Name: DEBORAH D. MEADOWS
Notary Public, State of Florida
Commission Number: _____
My Commission Expires: _____



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