

N110000006588

ORATE

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

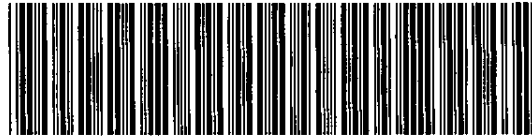
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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notice*

05/04/12--01023--005 \*\*43.75

FILED  
2012 JUN -4 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR  
6/4/12*

*\*00789 00524 00671*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wish to dissolve the corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Emily McCall

\_\_\_\_\_  
(Name of Contact Person)

Central Florida Volleyball Academy, Inc.

\_\_\_\_\_  
(Firm/Company)

1263 Marina Point #119

\_\_\_\_\_  
(Address)

Casselberry, Fl. 32707

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Emily McCall

\_\_\_\_\_  
(Name of Contact Person)

at ( 772 )

713-0088

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

May 10, 2012

Emily McCall  
Central Florida Volleyball Academy, Inc.  
1263 Marina Point #119  
Casselberry, FL 32707

SUBJECT: CENTRAL FLORIDA VOLLEYBALL ACADEMY, INC.  
Ref. Number: N11000006598

We have received your document for CENTRAL FLORIDA VOLLEYBALL ACADEMY, 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):

Please sign the articles of dissolution as the president in the space provided at the bottom of the page.

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 612A00014057

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 JUN -4 AM 8:18  
NOT RECORDED  
TO AGENCY OF RECORD  
SUFFICIENCY OF FILING

ARTICLES OF DISSOLUTION

FILED

2012 JUN -4 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:  
Central Florida Volleyball Academy, Inc.

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

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 March 10, 2012.

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 Emily E.B. McCall  
(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.)

Emily McCall  
(Typed or printed name of the person signing)

Director/ President  
(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: Central Florida Volleyball Academy

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:

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

1263 Marina Point # 119 Casselberry, Fl. 32707

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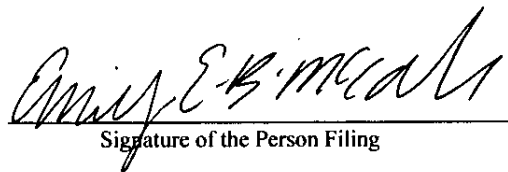
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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Emily McCall

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**