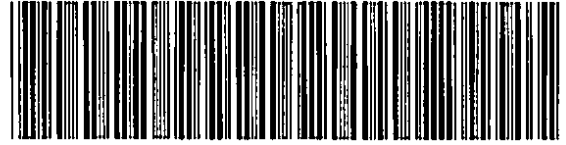


N11000007218



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRUST AGAIN PET SHELTER

**DOCUMENT NUMBER:** N11000007218

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

Please return all correspondence concerning this matter to the following:

PATRICIA JOHNSON  
(Name of Contact Person)

TRUST AGAIN PET SHELTER, INC.  
(Firm/Company)

2696 MERLE LANGFORD RD.  
(Address)

ZOLFO SPRINGS, FLORIDA 33890  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA JOHNSON at ( 863 ) 735-0252  
(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

**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:  
TRUST AGAIN PET SHELTER, INC.

SECOND: The document number of the corporation (if known): N11000007218

THIRD: The file date of the articles of incorporation: 01/29/2011

FOURTH The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

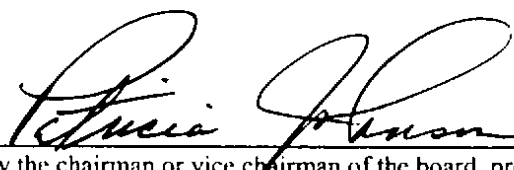
SIXTH: Adoption of Dissolution **(CHECK ONE)**  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

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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STATE OF FLORIDA

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)

PATRICIA JOHNSON  
\_\_\_\_\_  
(Typed or printed name of person signing)

DIRECTOR, SECRETARY  
\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**