

N11 000007218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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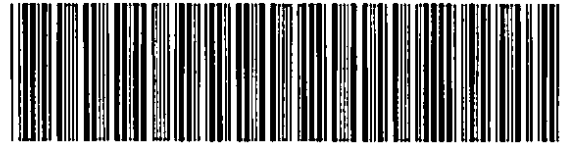
(Business Entity Name)

(Document Number)

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T. LEMLEY
DEC 16 2021

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

(Name of Contact Person)

at (863)
(Area Code)

735-0252

(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.

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

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