

N13000000 6239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

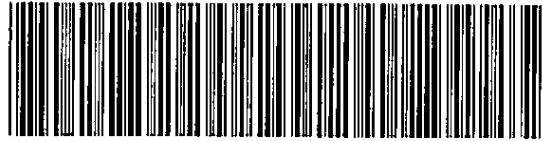
(Business Entity Name)

(Document Number)

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

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08/19/19--01005--011 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 19 PM 2:30

*Dissolution  
w/notice*

AUG 27 2019

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** N13000006239

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

Please return all correspondence concerning this matter to the following:

**Rolando Santiago**

(Name of Contact Person)

**RJS Law Group**

(Firm/Company)

**240 Apollo Beach Blvd**

(Address)

**Apollo Beach, FL 33572**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Rolando**

(Name of Contact Person)

at ( **813** )

(Area Code)

**641-0010**

(Daytime Telephone Number)

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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:  
TAMPA AREA ALLIANCE OF COMMUNITY ASSOCIATIONS, INC.

SECOND: The document number of the corporation (if known): N13000006239

THIRD: The file date of the articles of incorporation: 07082013

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

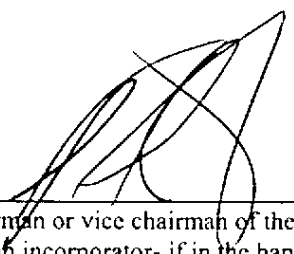
FIFTH: No debts of the corporation remains unpaid.

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)

Rolando Santiago

(Typed or printed name of person signing)

President

(Title of person signing)

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DIVISION OF CORPORATIONS  
19 AUG 19 PM 2:30

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: TAMPA AREA ALLIANCE OF COMMUNITY ASSOCIATIONS, INC.

*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:*

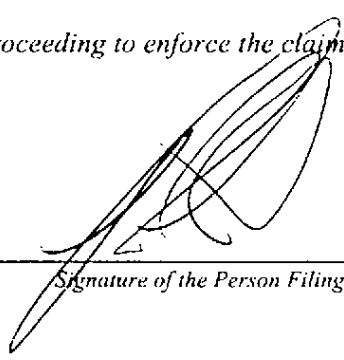
Claimant name, telephone, address and basis of claim together with supporting documents.

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

240 Apollo Beach Blvd  
Apollo Beach, FL 33572

*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.*

Rolando Santiago  
*Printed Name of the Person Filing*

  
*Signature of the Person Filing*