## N38262

| (Re                                     | questor's Name) |             |
|---|-----------------|-------------|
| (Address)                               |                 |             |
| (Address)                               |                 |             |
| (City/State/Zip/Phone #)                |                 |             |
| PICK-UP                                 | ☐ WAIT          | MAIL        |
| (Business Entity Name)                  |                 |             |
| (Document Number)                       |                 |             |
| Certified Copies                        | _ Certificate   | s of Status |
| Special Instructions to Filing Officer: |                 |             |
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May 29, 2018

WILLIAM HAMM, SECRETARY/N.Y.C. DEPARTMENT OF SANITATION 7371 BOTANICAL DR. SPRING HILL, FL 34607-4436

SUBJECT: N.Y.C. DEPARTMENT OF SANITATION RETIREES &

ASSOCIATES OF WEST FLORIDA, INC.

Ref. Number: N38262

We have received your document for N.Y.C. DEPARTMENT OF SANITATION RETIREES & ASSOCIATES OF WEST FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

PLEASE USE THE FORM PROVIDED FOR A DISSOLUTION.

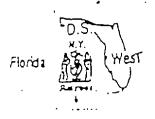
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

www.sunbiz.org

Letter Number: 218A00011078



## N.Y.C. Department of Sanitation Retirees & Associates of West Florida, Inc. P.O. Box 5317 Spring Hill Fl. 34611-5317



To Whom It May Concern:

The above named organization is in the beginning stage of dissolving.

I have included Section 617-1401 I have printed. As you can imagine it can be confusing to use. Thats the purpose of sending you a copy.

Please can you indicate on the included copy what you need. We rather do this right the first time. We have no outstanding bills. Our by-laws dictate this before we dissolve.

We have a FEI number 58-1900885 Document number N38262

Your attention, help and response is appreciated.

Respectfully Submitted,

William Hamm Secretary

7371 Botanical Dr.

Spring Hill, Fl. 34607-4436

CaptGarbage@tampabay.rr.com

SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |   |  |
|---|---|--|
| SUBJECT: 1) 1550 Lution OF Co   | oa poa, a tion  |  |
| DOCUMENT NUMBER: N 38262  |   |  |
| The enclosed Articles of Dissolution and fee are  | e submitted for filing.   |  |
| Please return all correspondence concerning this  | matter to the following:  |  |
| William   | 1 HAMM<br>ntact Person)   |  |
|   |   |  |
| N. Y. E. DEPARTMENT SANI  | TATION REPIRES W/FLW INC.   |  |
|   |   |  |
| 7371 Botaviens Sa.  |   |  |
| (Addr   | css)  |  |
| SPRING HILL 34607-4436 (City/State and Zip Code)  |   |  |
| (City/State an  | d Zip Code)   |  |
| For further information concerning this matter, p   |   |  |
| William HAMM  | at ( <u>352</u> ) <u>596-9101</u> (Daytime Telephone Number)  |  |
| (Name of Contact Person)  | (Area Code) (Daytime Telephone Number)  |  |
| Enclosed is a check for the following amount:   |   |  |
| Certificate of Status   | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S52.50 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 617.1403, Florida Statutes, this Florida not for profit corporation submits the following

Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State:

A ASSUMDS of West Florida F. N. Y. E. DE BIRATINE A YOF SALL PATION RETIRES W/FLD 10C FIRST: The document number of the corporation (if known): N38262 SECOND: 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 meeting of members at which the resolution to dissolve was adopted May 16, 2018. 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 \_\_\_\_\_ The number of directors in office was \_\_\_\_\_ and the vote for resolution was \_\_\_\_ for and \_\_\_\_\_ against. (Must be a majority vote) Effective date of dissolution, if applicable: 5014 4 2015
(no more than 90 days after dissolution file date) **FOURTH** 16 the data invested in this block does not meet the applicable statutory filing requirements, this date will not ffective date on the Department of State's records. vice chairman of the board, president or other officer- if directors have not been selected, by an he hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing) SECRETARY
(Title of person signing)

3719

Filing Fee: \$35