

PD1000101946

(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:

Corporation

Office Use Only



200208194452

05/31/11--01012--009 **25.00

06/21/11--01009--006 **10.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11 JUN 20 PM 4:24

FILED

voided ^{re} notice
News
6-22-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution - Topless Charters, Inc.

DOCUMENT NUMBER: P01000101946

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

Please return all correspondence concerning this matter to the following:

Brian P. Gabriel
(Name of Contact Person)

Topless Charters, Inc
(Firm/Company)

4601 Military Trail Suite 206
(Address)

Jupiter
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Wilkinson at (561) 602-5575
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

L A W O F F I C E S
GABRIEL & GABRIEL, LLC

Bermudiana
4601 Military Trail, Suite 206
Jupiter, Florida 33458

BRIAN P. GABRIEL, Esquire
SAM J. GABRIEL, Esquire

Telephone (561) 622-5575
Facsimile (561) 694-8116
briang@gabriellawteam.com
www.gabriellawteam.com

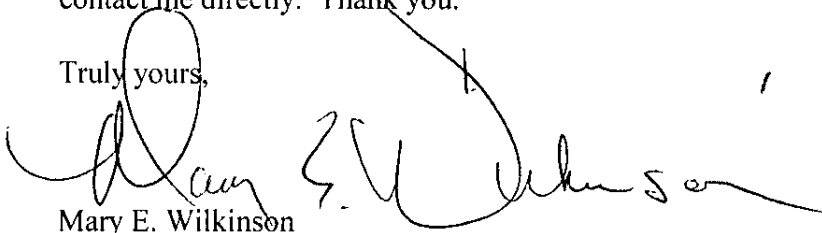
June 15, 2011

Florida Department of State
Division of Corporations
ATT: Thelma Lewis
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Lewis;

Thank you for your correspondence of June 8. Enclosed please find the completed forms and additional check for \$10.00 pursuant to your instructions. If you have any questions, please contact me directly. Thank you.

Truly yours,

A handwritten signature in black ink, appearing to read 'Mary E. Wilkinson', is written over a large, circular, stylized mark that resembles a '1' or a large 'O'.

Mary E. Wilkinson
Office Manager
Enc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2011

BRIAN GABRIEL
GABRIEL & GABRIEL, LLC
4601 MILITARY TRAIL, SUITE 206
JUPITER, FL 33458

SUBJECT: TOPLESS CHARTERS, INC.
Ref. Number: P01000101946

We have received your document for TOPLESS CHARTERS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 611A00014016

RECEIVED
11 JUN 20 PM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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

Topless Charters, Inc.

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

P01000101946

THIRD: The file date of the articles of incorporation:

10/19/01

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Brian P. Gabriel

(Typed or printed name of person signing)

Director

(Title of Person Signing)

FILED
11 JUN 20 PM 4:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Topless Chunks, 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:


Name, address, contact phone number, reason
for claim, amount of claim, proof of claim

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

4601 Military Trail
Suite 206
Jupiter, FL 33458

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.

Brian Gabriel
Printed Name of the Person Filing


Signature of the Person Filing