

P03000008751

(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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05 AUG 22 AM 9:15  
SECRETARY OF STATE  
MONTGOMERY, ALABAMA

Fulliss Cuz  
20-50-22-8  
8-22-05

Beth A Wilson, EA  
812 Tamiami Trail Suite 1  
Port Charlotte FL 33953

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: Charlotte Area Business Alliance, Inc.

August 19, 2005

GENTLEMEN:

ENCLOSED PLEASE FIND DISSOLUTION PAPERWORK FOR CHARLOTTE AREA  
BUSINESS ALLIANCE ALONG WITH A CHECK TO COVER THE DISSOLUTION FEE.

ENCLOSED PLEASE FIND THE NAME RELEASE AGREEMENT FOR THE RELEASE OF  
THE NAME TO THIS NEW NON PROFIT CORPORATION.

ENCLOSED PLEASE FIND THE ORIGINAL ARTICLES OF CORPORATION AND A COPY,  
TOGETHER WITH A CHECK IN THE AMOUNT OF \$70.00.

THIS REPRESENTS THE COST OF THE FILING FEES AND THE FEE FOR THE  
REGISTERED AGENT DESIGNATION FOR THE ABOVE NAMED CORPORATION.

SINCERELY,

A handwritten signature in cursive script, appearing to read "Beth A. Wilson".

Beth A Wilson, EA  
812 Tamiami Trail Suite 1  
Port Charlotte FL 33953

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** P03000008751

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

Please return all correspondence concerning this matter to the following:

Jill Phillips

(Name of Person)

Tax Savers

(Name of Firm/Company)

812 Tamiami Trail, Ste 1

(Address)

Port Charlotte, FL 33953

(City/State/and Zip Code)

For further information concerning this matter, please call:

Jill Phillips

(Name of Person)

at ( 941 )

625-1925  
(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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

Charlotte Area Business Alliance, Incorporated

SECOND: The document number of the corporation (if known): P03000008751

THIRD: The date dissolution was authorized: August 16, 2005

Effective date of dissolution if applicable: August 16, 2005  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

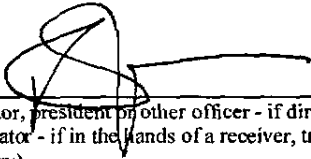
☐ Dissolution was approved by of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by  
Charlotte Area Business Alliance, Incorporated  
Ron Morgan, President

(voting group)

Signed this 16th day of August, 2005

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)

Ron Morgan

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA