# B3000071873

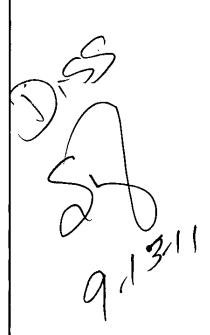
(Re	questor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	_			

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SUBJECT: Dissolve My Treasure Coast Holdings, Inc.				
, 				
DOCUMENT NUMBER: P03000071873				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Caroline Hilford Barca				
(Name of Contact Person)				
My Treasure Coast Holdings, Inc.				
(Firm/Company)				
3781 NE Sugar Hill				
(Address)				
Jensen Beach, FL 34957				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Caroline Hilford Barca at ( 772 ) 485-2216  (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
MAILING ADDRESS: Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314  Tallahassee, FL 32301				



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2011

CAROLINE HILFORD BARCA MY TREASURE COAST HOLDINGS, INC. 3781 NE SUGAR HILL JENSEN BEACH, FL 34957

SUBJECT: MY TREASURE COAST HOLDINGS OF FLORIDA, INC.

Ref. Number: P03000071873

We have received your document for MY TREASURE COAST HOLDINGS OF FLORIDA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ENCLOSED FORM AND RESUMIT FOR PROCESSING. YOUR FORM WAS INCOMPLETE.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 711A00015138

11 SEP 12 AM 9: 11
SECRETARY OF SCALE

# **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** SUBJECT: **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: \_\_at (\_\_\_\_)
\_\_\_(Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### 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 o	f State:	
	My Pressure Coast Holdings of P The document number of the corporation (if known): P0306	JOR. da	, tric.
SECOND:	The document number of the corporation (if known): P0306	2007	-1873
THIRD:	The file date of the articles of incorporation:		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.	As a	<u>သ</u>
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.	では、一人	Canpage Formula
SIXTH:	The net assets of the corporation remaining after winding up have been distribto to the shareholders, if shares were issued.	outed M	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	<b>67</b>	ī
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an incin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orporator - if	
	(Typed or printed name of person signing)		
	OWNER - prosident		

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.

1 16 1 to 1

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