

P040000 90280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

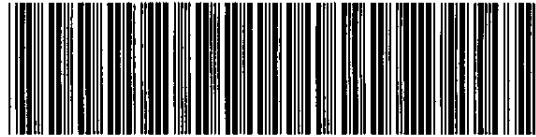
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Certified Copies _____

Certificates of Status _____

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05/27/08--01013--009 **35.00

FILED
08 MAY 27 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOLAS W. VANCE
CLG
5/28

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF S CORPORTION

DOCUMENT NUMBER: P04000090280

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

Please return all correspondence concerning this matter to the following:

ROY LAWRENCE

(Name of Contact Person)

TARA INVESTMENTS INC

(Firm/Company)

P.O. BOX 422036

(Address)

KISSIMMEE, FL 34742

(City/State and Zip Code)

For further information concerning this matter, please call:

GRACE LAWRENCE

(Name of Contact Person)

at (407) 334-9957

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$5 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

RECEIVED
2008 MAY -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOID with notice



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2008

ROY LAWRENCE
TARA INVESTMENTS INC
PO BOX 422036
KISSIMMEE, FL 34742

SUBJECT: TARA INVESTMENTS, INC.
Ref. Number: P04000090280

We have received your document for TARA INVESTMENTS, 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.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 308A00030191

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:

TARA INVESTMENTS INC

SECOND: The document number of the corporation (if known): P04000090280

THIRD: The file date of the articles of incorporation: June 10, 2004

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.)

Roy LAWRENCE

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

FILED
08 MAY 27 AM 9:59
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: TARA INVESTMENTS 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:

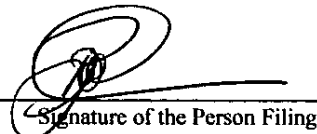
NAME OF PERSON o/s Company.
Time OF Claim (date).
What the claim is for.
Written correspondence send to the Corp.
Amount of Claim.

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

P.O. Box 422036
Kissimmee FL 34742

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.

Roy LAWRENCE
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00