

PO 5000009384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

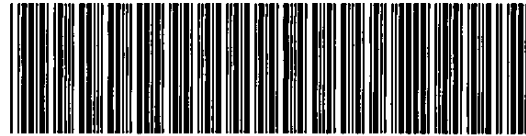
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: P0500000 9386

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

Please return all correspondence concerning this matter to the following:

Elizabeth Silber
(Name of Contact Person)

BRS Consulting, Inc.
(Firm/Company)

432 NW. Dover Ct.
(Address)

Pt. St. Lucie, FL 34983
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Silber at (772) 340-7372
(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

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:

BRS Consulting, Inc.

SECOND: The document number of the corporation (if known): P05000009386

THIRD: The file date of the articles of incorporation: 1/13/05

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.)

Elizabeth A. Silber
(Typed or printed name of person signing)

President
(Title of Person Signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCCUPATIONAL LICENSE RENEWAL NOTICE

THIS IS NOT YOUR LICENSE, PLEASE RETURN WITH YOUR REMITTANCE

We are using this renewal period to verify and update our records. Make mailing address changes as needed on the card front. If your business changed owners, business location, or business name, contact our office.

Business Phone (712) 340-7372

Please complete the following information:

Owner Phone (712) 340-7372

Drivers License Number 5416 231 73 5010

If your business has closed, please call or sign and return: *My business is closed*

Date business closed: 10/30/06

Important

An occupational license is in addition and not in lieu of any other license required by law and is subject to regulations of zoning, health and any other lawful authority.
All licenses expire on September 30 of each year. Beginning October 1 delinquent penalties will be assessed with increases the first day of each additional late month as follows: 10% the first month plus 5% each additional month up to a max. of 25%.
Failure to pay an occupational license tax within 150 days of the initial notice can result in a civil penalty of up to \$250.