

P05000055079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

V/D JA 3/8/06

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** V.C.N SERVICES INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000055079

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norka Urribarri

(Name of Person)

Professional Solutions & Services Inc.

(Name of Firm/Company)

10011 winding lake rd #101

(Address)

Sunrise Fl 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

Norka Urribarri

(Name of Person)

at ( 954 ) 749-0907

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

## 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:

V.C.N SERVICES INC,

SECOND: The document number of the corporation (if known): P05000055079

THIRD: The file date the articles of incorporation: 04/14/2005

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: Ana C. Mendez

(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.)

ANA C. MENDEZ

(Typed or printed name of person signing)

President & Director

(Title of Person Signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA