P05000059357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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08/02/12--01017--014 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG -2 PM 12:04

Diss. w/ Notice

AUG - 8 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P05000059357

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

Please return all correspondence concerning this matter to the following:

Tammy Kaliko Willingham
(Name of Contact Person)

Tammy Kaliko Willingham, INC.
(Firm/Company)

151 Terrace Shores Dr.
(Address)

Indialantic, Fl. 32903
(City/State and Zip Code)

For further information concerning this matter, please call:

only Tammy Kaliko Willingham at (321) 984-2788
(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

07/27/12

Dear Florida Department of State,

I, Tammy Kaliko Willingham, wish to cancel my corporation immediately, please.

I was going to let the corporation dissolve at the end of 2011, however, the fee was sent in to reinstate the corporation by another person; not me.

I wish to dissolve my corporation, due to financial difficulties that I am experiencing at this time.

I wish to protect myself from any misuse of my name, in corporation.

Thank you for your help.

* Please, do not send any information regarding my request to anyone but myself at my home address.

Thank you,

T.K. Willingham

Tammy Kaliko Willingham

Address:- 151 Terrace Shores Dr.
Indialantic, Fl. 32903

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:

Tammy Kaliko Willingham, Inc.

SECOND: The document number of the corporation (if known): P05000059357

THIRD: The date dissolution was authorized: 07/01/12

Effective date of dissolution if applicable: 07/01/12
(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 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

_____
(voting group)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG -2 PM 12:05

Signature: T Kaliko Willingham
(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)

Tammy Kaliko Willingham
(Typed or printed name of person signing)

President of Corporation
(Title of person signing)

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: Tammy Kaliko Willingham, 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:

I wish to dissolve my corporation due to financial difficulties at this time.
I wish to protect myself from any misuse of my Name, in corporation.
Thankyou.

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

only to: Tammy Kaliko Willingham
151 Terrace Shores Dr.
Indialantic, Fl. 32903

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.

Tammy Kaliko Willingham
Printed Name of the Person Filing

Tammy Kaliko Willingham
Signature of the Person Filing

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