

POS000071916

Sasser, Valerie - G
5446 Gaucha Hwy
Orlando, FL 32810

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

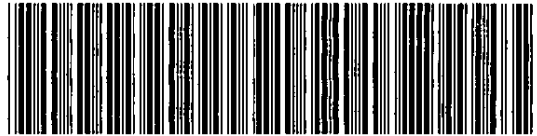
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600158876766

07/27/09--01034--010 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG -6 PM 12:12

FILED

[Handwritten signature]

8-6-09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2009

VALERIE SASSER
5446 GAUCHO WAY
ORLANDO, FL 32810

SUBJECT: GAUCHO CREDIT SERVICES INC
Ref. Number: P05000071916

We have received your document for GAUCHO CREDIT SERVICES 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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: 409A00026211

RECEIVED
2009 AUG -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Divisions of Corporation P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution - Graucho Credit Services Inc

DOCUMENT NUMBER: P05000071916

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

Please return all correspondence concerning this matter to the following:

Valerie Sasser

(Name of Contact Person)

Graucho Credit Services Inc

(Firm/Company)

5446 Graucho Way

(Address)

Orlando FL 32810

(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Sasser

(Name of Contact Person)

at (407) 595-4365 Cell

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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:

Gaucha Credit Services Inc

SECOND: The document number of the corporation (if known): 705000071916

THIRD: The file date of the articles of incorporation: 5-17-2025

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.)

Valerie Sasser

(Typed or printed name of person signing)

President, Vice President, Treasurer etc

(Title of Person Signing)

Filing Fee: \$35

FILED
2009 AUG -6 PM12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

over Please