

PD5000088382

(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



600271437046

04/08/15--01003--003 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 APR - 8 PM 12:19

APR 10 2015  
T. CARTER

Diss w/notice



**Joshua M. Sachs**  
Also admitted to NY  
[jms@hendersonsachs.com](mailto:jms@hendersonsachs.com)  
**Daniel S. Henderson**  
[dan@hendersonsachs.com](mailto:dan@hendersonsachs.com)  
**Andrew M. Berland**  
[andrew@hendersonsachs.com](mailto:andrew@hendersonsachs.com)

8240 Exchange Drive, Suite C6  
Orlando, Florida 32809

Telephone: (407) 850-2500  
Facsimile: (407) 850-2580  
[www.HendersonSachs.com](http://www.HendersonSachs.com)

March 31, 2015

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Robert Tenaglia, Inc.

To Whom It May Concern:

I have the pleasure of representing Jennifer Tenaglia, the Personal Representative of the Estate of Robert Tenaglia. To the best of her knowledge, Robert Tenaglia was the sole shareholder and officer of this Florida corporation. Enclosed please find the Articles of Dissolution, a cover letter, and the filing fee for dissolving the corporation.

If you should have any questions or concerns, please contact my office.

Sincerely,



DANIEL S. HENDERSON, ESQ.

DSH/emc  
enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Robert Tenaglia, Inc.

**DOCUMENT NUMBER:** P05000088382

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

Please return all correspondence concerning this matter to the following:

Jennifer Tenaglia

(Name of Contact Person)

Robert Tenaglia, Inc.

(Firm/Company)

1334 Karluk Street

(Address)

Anchorage, AL 99501

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Tenaglia

(Name of Contact Person)

at ( 407 ) 230-6308

(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 607.1403, 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:  
**Robert Tenaglia, Inc.**

SECOND: The document number of the corporation (if known): **P05000088382**

THIRD: The date dissolution was authorized: **11/13/14**

Effective date of dissolution if applicable: **11/13/14**  
(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)

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)

**Jennifer Tenaglia**

\_\_\_\_\_  
(Typed or printed name of person signing)

Personal Representative of the Estate of Robert Tenaglia, President of Robert Tenaglia, Inc.

\_\_\_\_\_  
(Title of person signing)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 APR - 8 PM 12:19

**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: Robert Tenaglia, 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:

---

---

---

---

---

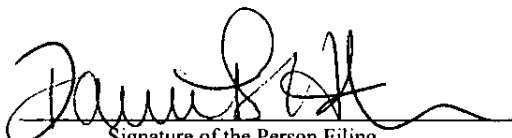
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

8240 Exchange Drive, Suite C 6  
Orlando, FL 32809

---

---

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.

Daniel S. Henderson, Esq.   
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**