P05000 11/925

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
, (Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
		•

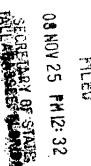
Office Use Only



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10/28/08--01032--001 **25.00

11/25/08--01008--003 **10.00



VOIDIS W MOTICE



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2008

MATTIE L. HARRISON INTOWN TITLE 500 SE FT. KING STREET, SUITE A OCALA, FL 34471

SUBJECT: INTOWN TITLE OF TAMPA INC.

Ref. Number: P05000111925

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 508A00056101



COVER LETTER

TO: Amendment Section

Division of Corporations .
SUBJECT: DISSOLVTION OF INTOWNTITLE OFT AMPAINC
DOCUMENT NUMBER: PU5000111925
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person) 1 A DWA TITLE ATTORNEY TO
(Firm/Company)
6511 Dartmouth Ave N. (Address)
Stretersburg, FC 33760
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 204-3443 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment Section- Amendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



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Letter Number: 508A00056101

Karen Gibson Document Specialist Supervisor

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 o	f State:		
	INTOWN TITLE OFTEMPAIN			
SECOND:	The document number of the corporation (if known): POSODDIII	925	-	
THIRD:	The date dissolution was authorized: $\frac{2312007}{}$			
	Effective date of dissolution if applicable: 12/37/2087 (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 was sufficient for approval.	for dissol	ution	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled	,	
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)	Z _Q	0.	
	•		NON 6	
	α		25	ا د
	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)	OF STATE	图 12: 32	•
	APRITAR PRIME			
	(Typed or printed name of person signing)			

Filing Fee: \$35

(Title of person signing)

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: /NTU	WN TITLE OF TAMPA INC.
Date of dissolution will be the date the d specified in the <i>Articles of Dissolution</i> .	issolution is filed with the Department of State or as
Description of information that must be	included in a claim:
	•
Mailing address where claims can be ser	nt: (Claims cannot be sent to the Division of Corporations)
	SII DARTMOUTH AVEN.
	ST. PETER SBURGEFL 3371D
	•
A claim against the above named corpor within 4 years after the filing of this noti	ration will be barred unless a proceeding to enforce the claim is commenced ice.
APRIGAR	Prince Af

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

Signature of the Person Filing

Printed Name of the Person Filing