

P05000112380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

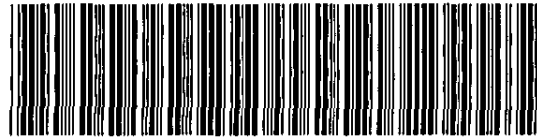
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Active
Corp*

04/30/12--01004--002 **43.75

2012 APR 27 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*DR
4/27/12*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2012

Michael Levine
True Value Financial Services, Inc.
1100 S. Hwy 27, Woodbridge Plaza, Ste E
Clermont, FL 34714

SUBJECT: TRUE VALUE FINANCIAL SERVICES, INC
Ref. Number: P05000112380

We have received your document for TRUE VALUE FINANCIAL SERVICES, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 712A00011573

RECEIVED

12 APR 27 AM 8:21

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P05000112380

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

Please return all correspondence concerning this matter to the following:

Michael Levine

(Name of Contact Person)

True Value Financial Services, Inc.

(Firm/Company)

1100 South US Hwy 27, Woodridge Plaza Suite E

(Address)

Clermont, FL 34714

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Levine

(Name of Contact Person)

at (352) 243-0009

(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

FILED

2012 APR 27 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

True Value Financial Services, Inc.

SECOND: The document number of the corporation (if known): P05000112380

THIRD: The file date of the articles of incorporation: August 12, 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: _____

Michael Levine

(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.)

Michael Levine

(Typed or printed name of person signing)

President

(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: True Value Financial Services, 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:

Claimant Name

Proof of Indebtedness

Terms of Satisfaction

Claimant Contact Information

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

1100 South US Hwy 27

Woodridge Plaza Suite E

Clermont, FL 34714

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.

Michael Levine

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