## POUXU/10343

(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:				
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** SUBJECT: Dissolution of Transitions and Travel of Central Florida, Inc. DOCUMENT NUMBER: PO6000100343 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Virginia L Davis (Name of Contact Person) Transitions and Travel of Central Florida, Inc. (Firm/Company) 5211 Cairo Drive (Address) Sebring, FL 33875 (City/State and Zip Code) For further information concerning this matter, please call: Virginia L Davis, President (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: **[7]**\$35 Filing Fee **□**\$43.75 Filing Fee & **□**\$43.75 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) STREET ADDRESS: **MAILING ADDRESS:** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:					
	Transitions and Travel of Central Florida, Inc.					
SECOND:	The document number of the corporation (if known): P06000100343					
THIRD:	The date dissolution was authorized: December 1, 2008					
	Effective date of dissolution if applicable: December 31, 2008  (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					
	Z009 TALI					
	SECRETARY OF STATE OF					
	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)					
	Virginia L. Davis					
	(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 Corpo	oration: Transitions and Trave	el of Central Florida, Inc.	
	ution will be the date the dissolution is file Articles of Dissolution.	led with the Department of State or as	
Description of	information that must be included in a cl	laim:	
Name, da	te of travel booking (if appli	cable)	
<del></del>			<del></del>
Mailing addres	ss where claims can be sent: (Claims can	not be sent to the Division of Corporation	15)
	5211 Cairo Drive		
	Sebring, FL 33875		_
			<del></del>
	st the above named corporation will be ba after the filing of this notice.	arred unless a proceeding to enforce the c	laim is commenced
		1 0	•
Virginia	L. Davis	Tuzinea LL	buis
	Printed Name of the Person Filing	(psignature of the Person	iriung

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