

PO6000105272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

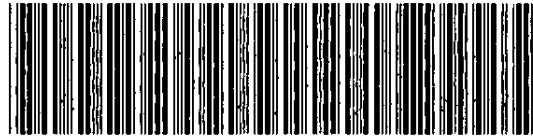
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600131574456

06/24/08--01023--005 \*\*35.00

UD/With note

SECRETARY OF STATE  
RECEIVED  
JUL 07 2008

08 JUL -7 PM 4:21

FILED

T. Roberts JUL 07 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2008

SANJIV K. CHAUHAN  
TIRUPATI BALAJI INC  
6205 HAMPTON POINTE CIRCLE  
LAKELAND, FL 33813

SUBJECT: TIRUPATI BALAJI INC.,  
Ref. Number: P06000105272

We have received your document for TIRUPATI BALAJI INC., and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please sign both forms.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 208A00038551

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLE OF DISSOLUTION

**DOCUMENT NUMBER:** P06000105272

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

Please return all correspondence concerning this matter to the following:

SANJIV K. CHAUHAN

(Name of Contact Person)

TIRUPATI BALAJI INC

(Firm/Company)

6205 HAMPTON POINTE CIRCLE

(Address)

LAKELAND, FL 33813

(City/State and Zip Code)

For further information concerning this matter, please call:

SANJIV K. CHAUHAN

(Name of Contact Person)

at ( 321 ) 228-2147

(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:

TIRUPATI BALAJI INC.,

SECOND: The document number of the corporation (if known): P06000105272

THIRD: The date dissolution was authorized: 06/15/08

Effective date of dissolution if applicable: 06/15/08

(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

SANJIV K. CHAUHAN

(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)

SANJIV K. CHAUHAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35**

FILED  
08 JUN -7 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: TIRUPATI BALAJI 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:

THE FLORIDA LIMITED LAIABILITY COMPANY NEVER  
STARTED THE BUSINESS.

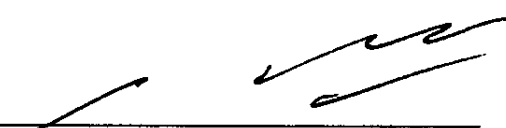
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

SANJIV K. CHAUHAN  
6205 HAMPTON POINTE CIRCLE  
LAKELAND, FL 33813

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.

SANJIV K. CHAUHAN

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**