

P 06000153516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

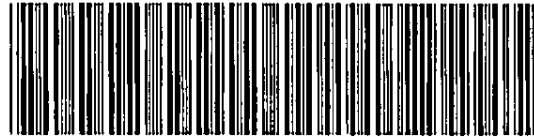
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2017 SEP 28 PM 3:23
TALLAHASSEE, FLORIDA

C. GOLDEN

SEP 28 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VILLA PLACE, INC.

DOCUMENT NUMBER: PO6000153576

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

Please return all correspondence concerning this matter to the following:

ERROL GORDON

(Name of Contact Person)

COMPUTAX BUSINESS SOLUTIONS, INC.

(Firm/Company)

4699 N. STATE RD 7, STE 12

(Address)

TAMARAC, FL 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

ERROL GORDON

(Name of Contact Person)

at (754 246 0542

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2017

TUNJARNIKA COLEMAN-FERREL
4606 HIGH GATE DRIVE
DELRAY BEACH, FL 33445

SUBJECT: VILLA PLACE, INC.
Ref. Number: P06000153576

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

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

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 417A00016345

RECEIVED
17 SEP 28 AM 11:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2017

TUNJARNIKA COLEMAN-FERREL
4606 HIGH GATE DRIVE
DELRAY BEACH, FL 33445

SUBJECT: VILLA PLACE, INC.
Ref. Number: P06000153576

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

You may check only one (1) box.

The effective date cannot be prior to or more than 90 days after the date of filing in this office.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 817A00013162

RECEIVED
JUL 11 2017
17 JUL - 9 AM '17

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED

2017 SEP 28 PM 3: 23

FIRST: The name of the corporation as currently filed with the Florida Department of State:

VILLA PLACE, INC

SECOND: The document number of the corporation (if known): P06000153576

THIRD: The date dissolution was authorized: 4/28/2008

Effective date of dissolution if applicable: 8/1/17

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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: Tyn Jar Nika Coleman-Ferrell

(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)

TYN JAR NIKA COLEMAN-FERRELL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)