

PO8000018425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

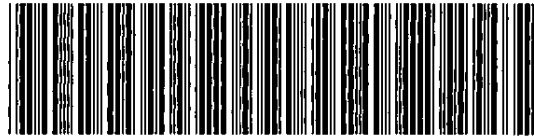
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600127315706

05/02/08--01014--020 **35.00

FILED
2008 MAY -2 AM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D.S.
[Signature]

5905

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: P08000018425

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

Please return all correspondence concerning this matter to the following:

ALEJANDRA GRAVINA

(Name of Contact Person)

TRI-COUNTY JANITORIAL SERVICES CORP

(Firm/Company)

4672 MIDDLEBROOK RD G

(Address)

ORLANDO FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRA GRAVINA

(Name of Contact Person)

at (407) 227-8004

(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 607.1401, 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:

TRI-COUNTY SANITORIAL SERVICES CORP

SECOND: The document number of the corporation (if known): P08000018425

THIRD: The file date of the articles of incorporation: 02/20/2008

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: _____

(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.)

ALEJANDRA GRAVINA

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

FILED
2008 MAY -2 AM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

TRI-COUNTY SANITORIAL SERVICES CORP
4672 MIDDLEBROOK RD APT G
ORLANDO, FL 32811

Date of this notice: 08

Employer Identification Number: 26-2000777

Form: SS-4

Number of this notice: A

For assistance you may call: 1-800-829-4933

IF YOU WRITE, ATTACH THIS STUB AT THE END OF THE LETTER

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-2000777. This EIN will identify your business account, tax return documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this is possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments, and related correspondence. Any variation may cause a delay in processing, result in incorrect information on your account, or even cause you to be assigned more than one EIN. If this information isn't correct as shown above, please correct it using the tear off stub from the label and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2009

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of this notice. If you need help in determining what your tax year is, see Publication 538, Accounting Periods and Methods, available at your local IRS office or you can download this publication from our website at www.irs.gov.

We assigned you a tax classification based on information obtained from your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)

CUANDO SE DISUEVA LA CIA.
SE MANDA CARTA AL IRS
ANULANDO EL # FEDERAL