

PD80000041571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

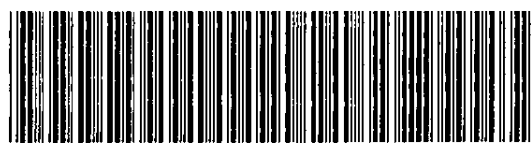
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document
by telephone call
on 4-17-11

Office Use Only



700196995067

03/07/11--01057--001 **25.00

04/18/11--01048--001 **10.00

ED

FILED
11 APR 15 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2011

RICHARD JONES
2359 NW 111 AVENUE
SUNRISE, FL 33222

SUBJECT: TRIEXODUS INCORPORATED
Ref. Number: P08000041571

We have received your document for TRIEXODUS INCORPORATED and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

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

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 411A00005869

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRIEXODUS INCORPORATED

DOCUMENT NUMBER: 208000041571

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

Please return all correspondence concerning this matter to the following:

RICHARD L. JONES

(Name of Contact Person)

TRIEXODUS INCORPORATED

(Firm/Company)

2359 N.W. 111 AVENUE

(Address)

SUNRISE FL. 33022

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD JONES

(Name of Contact Person)

at (954) 599-6855

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 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

RECEIVED
649
APR 15 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

FILED

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

11 APR 15 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TRILXODUS INCORPORATED

SECOND: The document number of the corporation (if known): 708000041571

THIRD: The date dissolution was authorized: 3-1-11

Effective date of dissolution if applicable: _____

(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

(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)

RICHARD JONES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35