

P090000008187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

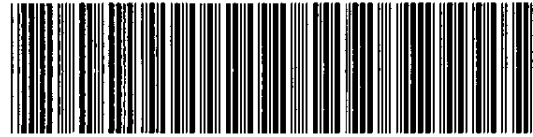
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2011 JAN 21 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
2/7/11

*00789, 00721, 04522, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2011

Sherrill Clark
Home Retention Processing Services, Inc.
7501 NW 4 Street, Suite 203
Plantation, FL 33317

SUBJECT: HOME RETENTION PROCESSING SERVICES, INC.
Ref. Number: P09000008187

We have received your document for HOME RETENTION PROCESSING SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 111A00002026

RECEIVED
11 FEB -7 AM 10:58
SEC. OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolve Corporation

DOCUMENT NUMBER: 9000008187

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

Please return all correspondence concerning this matter to the following:

Sherrill Clark

(Name of Contact Person)

Home Retention Processing Services, Inc

(Firm/Company)

7501 N.W. 4th Street

(Address)

Plantation, FL 33317

(City/State and Zip Code)

For further information concerning this matter, please call:

Sherrill Clark

(Name of Contact Person)

at (754) 214-2665

(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

EFFECTIVE DATE
1-20-11

ARTICLES OF DISSOLUTION

FILED

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

2011 JAN 21 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Home Retention Processing Services Inc

SECOND: The document number of the corporation (if known): 909000008187

THIRD: The date dissolution was authorized: 12/31/2010

Effective date of dissolution if applicable: 01/30/2011
(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)

Sherrell Clark

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35