

PO90000091355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

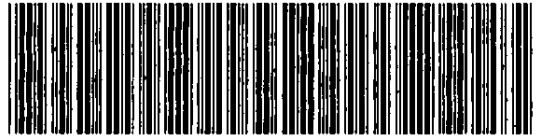
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR 29 AM 8:20

FILED

Roberts APR 01 2010

# Jann Roach

18932 Bobolink Drive,  
Hialeah, Fl. 33015  
Tel: (305) 829-2305  
e-mail: beenybudmom@yahoo.com

18 March, 2010

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sirs:

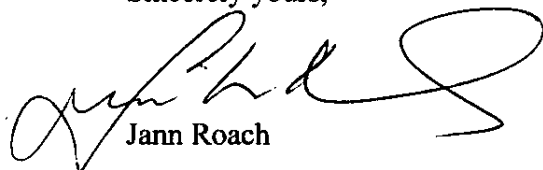
**Re: Dissolution of Dorcas Trust Corp – Tax ID # 27-1251954**

As the principal agent and director of Dorcas Trust Corp, I am applying for the voluntary dissolution of Dorcas Trust Corp.

Since its incorporation, no business has been conducted nor has any income been derived from it and no state or federal taxes are owed. I am therefore requesting that the company be dissolved and am enclosing the requisite fees along with the **Articles of Dissolution**.

Thank you for your kind attention to this matter..

Sincerely yours,



Jann Roach

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Notice of Voluntary Dissolution of Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Jann Roach

(Name of Contact Person)

DORCAS TRUST CORP

(Firm/Company)

18932 Bobolink DR

(Address)

Mialeah, FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

Jann Roach

(Name of Contact Person)

at ( 305 ) 829-2305

(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

*JA*

## 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:

DOB CAS TRUST CORP

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

THIRD: The date dissolution was authorized: 03/15/2000

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)

Jannette ROACH

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

FILED  
10 MAR 29 AM 8:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA