

P10000061120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

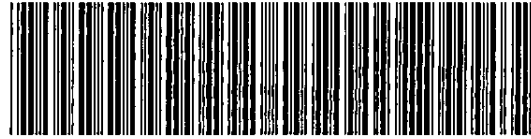
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Joy Roberts
gave permission
to correct
Doc.

Office Use Only

05/11/11
De



200201834792

04/21/11--01006--019 **25.00

05/13/11--01005--002 **10.00

11 MAY 12 PM 2:43

Valid 13.

05/18/11
De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2011

JOY L. ROBERTS
VAN WOLFE ASSET RECOVERY, INC.
276 NE 110TH STREET
MIAMI, FL 33161

SUBJECT: VAN WOLFE ASSET RECOVERY, INC.
Ref. Number: P10000061120

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

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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

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

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) 245-6906.

~~Darlene Connell~~
Regulatory Specialist II

Letter Number: 211A00010272

RECEIVED

11 MAY 12 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Filing Article of Dissolution - Amended

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Joy Roberts

(Name of Contact Person)

Van Wolfe Asset Recovery Inc.

(Firm/Company)

585 NW 126th ST

(Address)

N Miami, FL 33168

(City/State and Zip Code)

For further information concerning this matter, please call:

Joy Roberts

(Name of Contact Person)

at (786) 554 5276

(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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Van Wolfe Asset Recovery, Inc.
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joy L Roberts

(Name of Person)

Van Wolfe Asset Recovery, Inc.

(Firm/Company)

276 NE 110th St

(Address)

Miami, FL 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

Joy Roberts

(Name of Person)

at (786) 554-5276

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration 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:

VAN WOLFE ASSET RECOVERY, INC.

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

THIRD: The file date of the articles of incorporation: 07-26-10

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.)

Joy L Roberts

(Typed or printed name of person signing)

DIRECTOR

(Title of Person Signing)

11 MAY 12 PM 2:43

Filing Fee: \$35