

P14000064680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

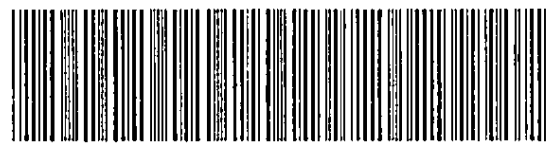
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300346054173

06/10/20--01002--005 **87.50

Y. SULKER
JUN 10 2020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUN -9 AM 10:08

2020 JUN -9 PM 10:08

FILED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

443.75

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/9 Glinda

- ☒ **CERTIFIED COPY** _____
- ☐ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** NOTICE OF DISSOLUTION _____

1. ENCORE PLUS SOLUTIONS INC.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**NOTICE OF CORPORATE DISSOLUTION
OF
ENCORE PLUS SOLUTIONS INC.**

This notice is submitted by the dissolved corporation named below for resolution of unknown claims against this corporation as provided in Section 607.1407, F.S.

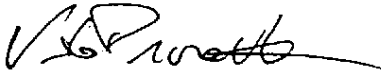
NOTICE IS HEREBY GIVEN that ENCORE PLUS SOLUTIONS INC., a Florida corporation (the "Company"), has voluntarily elected to wind up its affairs and dissolve and articles of dissolution of the Company have been filed with the Department of State of the State of Florida on June 5, 2020.

NOTICE IS FURTHER GIVEN that all persons and entities that have unknown claims against the Company must present their claims in writing and with information sufficient to reasonably inform the Company of the identity of the claimant and the substance of the claim, including at least the following information: (1) the nature and origin of the claim; (2) the date on which the claim arose; (3) the individual to contact regarding the claim; and (4) the address to which correspondence regarding the claim should be sent.

All claims must be in writing and sent to the Company, at the following address: Encore Plus Solutions Inc., 4737 N. Ocean Drive, Suite 111, Fort Lauderdale, Florida, 33309, Attention: Vitto Proietti.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

ENCORE PLUS SOLUTIONS INC.



Vitto Proietti, Secretary & Treasurer

FILED
2020 JUN -9 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA