

P15000010874

(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



700270916707

04/06/15--01031--012 \*\*35.00

FILED  
15 APR -6 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 08 2014

C. CARROTHERS



April 1, 2015

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

Re: Lorrob Investments Superannuation Fund Co.  
Articles of Dissolution

Dear Sir or Madam:

Please find enclosed Articles of Dissolution for Lorrob Investments Superannuation Fund Co. and check number 1504 in the amount of \$35 for the filing of same. Any questions regarding this matter should be directed to the undersigned.

Thank you very much for your assistance.

Sincerely,

*s/ Kristin Coomber, Esq.*

Kristin Coomber, P.A.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lorrob Investments Superannuation Fund Co.

**DOCUMENT NUMBER:** P15000010874

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

Please return all correspondence concerning this matter to the following:

**Kristin Coomber**

(Name of Contact Person)

**Kristin Coomber PA**

(Firm/Company)

**21301 Powerline Rd, Ste 100**

(Address)

**Boca Raton FL 33431**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Kristin Coomber**

(Name of Contact Person)

at ( **561** ) **962-2214**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

## 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

Lorrob Investments Superannuation Fund Co

SECOND: The document number of the corporation (if known): P15000010874

THIRD: The file date of the articles of incorporation: 2/2/15

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.)

Lorraine Julie Brooks

(Typed or printed name of person signing)

Director

(Title of Person Signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR -6 AM 10:05

FILED

## Notice of Corporate Dissolution

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

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Lorrob Investments Superannuation Fund Co

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

---

---

---

---

---

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

21301 Powerline Rd, Ste 100

Boca Raton, FL 33433

---

---

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Lorraine Julie Brooks

Printed Name of the Person Filing

  
Signature of the Person Filing