

P16 0000 79146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

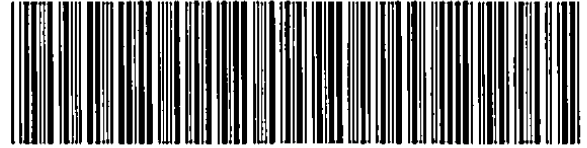
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

4402-



900329398389

05/23/19--01006--005 **35.00

2019 JUL 29 PM 3:57

FILED

C. GOLDEN

JUL 31 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONFIDANCE CONCIERGE SERVICES, INCORPORATED

DOCUMENT NUMBER: P16000079146

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

Please return all correspondence concerning this matter to the following:

ANNETTE BARBOSA

(Name of Contact Person)

(Firm/Company)

110 EAGLE EDGE LANE, APT 212

(Address)

WINTER SPRINGS, FL 32708

(City/State and Zip Code)

For further information concerning this matter, please call:

ANNETTE BARBOSA

(Name of Contact Person)

at (407 - 466 - 3813

(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

Confiance Concierge Services, Incorporated

110 Eagle Edge Lane, Unit 212

Winter Springs, FL 32708

July 22, 2019

Florida Department of State
Division of Corporations
Attention: Claretha Golden,
Regulatory Specialist II
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms Claretha Golden:

Enclosed please find the **"Notice of Corporate Dissolution"** form with the information requested.

The portion of the form requesting **"Description of Information that must be included in a claim:"** has been completed with the information we believe to be needed.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Annette Barbosa', with a long horizontal flourish extending to the right.

Annette Barbosa
President/Owner



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2019

ANNETTE BARBOSA
110 EAGLE EDGE LANE
APT. 212
WINTER SPRINGS, FL 32708

SUBJECT: CONFIANCE CONCIERGE SERVICES, INC.
Ref. Number: P16000079146

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 607.1407 or 617.104, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 819A00011782

ARTICLES OF DISSOLUTION

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

FILED
2019 JUL 29 PM 4:16

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

CONFIANCE CONCIERGE SERVICES, INC.

SECOND: The document number of the corporation (if known): P16 0000 79146

THIRD: The date dissolution was authorized: 08/27/2018

Effective date of dissolution if applicable: 09/30/2018

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2 VOTES BY: ANNETTE BARBOSA - PRESIDENT, LUIS BARBOSA - VICE PRE
(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)

ANNETTE BARBOSA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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: CONFIDENCE CONCIERGE SERVICES, INC.

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:

THE FOLLOWING INFORMATION MUST BE INCLUDED IN A CLAIM:

1. MUST BE IN WRITING
 2. DATE OF TRANSACTION
 3. DETAIL DESCRIPTION OF SERVICES OR PRODUCTS
 4. NAME OF PERSON WHO AUTHORIZED
 5. COPY OF CONTRACT IF APPLICABLE
 6. PURCHASE ORDER NUMBER
- CREDITOR(S) CLAIM(S) MUST BE SENT BY, SEPTEMBER, 30TH, 2019 TO BE SETTLED

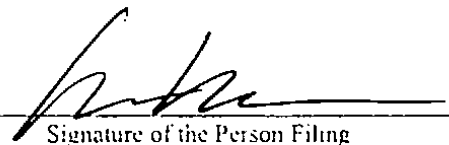
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

110 EAGLE EDGE LANE, APT 212
WINTER SPRINGS, FL 32708

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.

ANNETTE BARBOSA

Printed Name of the Person Filing


Signature of the Person Filing