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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Dissolve LLC SUBJECT: _ P17000100267 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William Tyler (Name of Contact Person) Certified Tax Experts Inc. (Firm/Company) 2255 Glades Road, Suite 324A (Address) Boca Raton FL 33431 (City/State and Zip Code) For further information concerning this matter, please call: Kevin Roberts at (<u>441) 536-9002</u> (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Hillsboro Holdings Inc.
SECOND:	The document number of the corporation (if known): P17000100267
THIRD:	The date dissolution was authorized:
	Effective date of dissolution <u>if applicable</u> : (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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	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) Kevin Roberts (Typed or printed name of person signing)
	President
	(Title of our on dispinal)

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:____ The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) Somerset, Bermuda 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. Kevin Roberts

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Printed Name of the Person Filing