## P96000017215

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09/25/24--01027--025 \*\*35.00



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Corpo	rate Dissolution	<del></del>	
DOCUMENT NU			
The enclosed Arti	cles of Dissolution and f	fee are submitted for filing	g.
Please return all co	orrespondence concerning	g this matter to the follow	ving:
Alan Turbin			
	(Name of	Contact Person)	<del> </del>
n/a			30.
	(Fin	n/Company)	
1350 County Road 1	#1304		CRETA SEA ST
	(A	ddress)	, , , , , , , , , , , , , , , , , , ,
Dunedin, FL 34698			
	(City/Sta	te and Zip Code)	
For further inform	ation concerning this ma	tter, please call:	,
Alan Turbin		at ( <u>818 749 8620</u>	
(Name o	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a chec	k for the following amou	int:	
■ \$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		Amer Divis The C	t Address:  Independent Section  Ion of Corporations  Centre of Tallahassee  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:

riksi:	Turbin Corp
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable:  Oct 1, 2024  (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 wi 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, by that fiduciary)
	Alan Turbin
	(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: \_\_\_\_\_ The above named corporation is the subject of dissolution and the effective date of a dissolution is: Oct 1, 2024 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: No additional information. No Corporate activity Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 1350 County Road 1 #1304, Dunedin, Fl 34698 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. Alan Turbin

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

Signature of the Person Filing

Printed Name of the Person Filing