

PA9000042215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

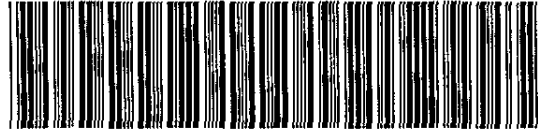
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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PA 9000042215 *432.30

EFFECTIVE DATE
12/30/04

FILED
04 DEC 29 PM 1:43
STATE
TALLAHASSEE, FLORIDA

12/2
Diss. w/ notice
sp

BSCU



December 28, 2004

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I previously sent our dissolution forms for BSCU Services Corp. (Document # P99000042215), but I failed to include the check. Enclosed is the check for the fees. Susan Payne in your office called me to inform me of this.

Thank You,

Samuel Chesser
President
BSCU Services Corp.

RECEIVED
04 DEC 29 AM 9:23
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P99000042215

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

Please return all correspondence concerning this matter to the following:

Samuel Chesser
(Name of Person)

BSCU Services Corporation
(Name of Firm/Company)

P.O. Box 8966
(Address)

Ft. Lauderdale, FL 33310
(City/State/and Zip Code)

For further information concerning this matter, please call:

Samuel Chesser at (954) 486-5226
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

BSCU services Corp.

SECOND: The document number of the corporation (if known): P99000042215

THIRD: The date dissolution was authorized: December 16, 2004

Effective date of dissolution if applicable: December 30, 2004
(no more than 90 days after dissolution file date)

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 of 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 EFFECTIVE DATE
12/30/04

(voting group)

Signed this 16th day of December, 2004

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)

Samuel Chesser
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

FILED
04 DEC 29 PM 1:43
TALLAHASSEE, FLORIDA

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: BSCU Services Corporation

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 nature of the claim, proof of any discrepancies,
contact information, appropriate account information,
any companies associated with such claims, copy of
identification.

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

BSCU
P.O. Box 8966
Ft. Lauderdale, FL 33310

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.

Samuel Chossee

Printed Name of the Person Filing



Signature of the Person Filing