

# S65422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

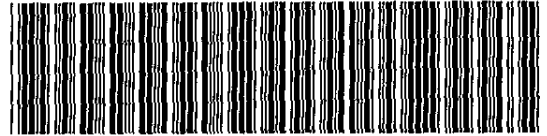
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100025719161

*diss*

12/31/03--01035--003 \*\*35.00

RECEIVED  
03 DEC 31 AM 10:54  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 DEC 31 PM 12:58

FILED

*ADR*  
*12/31/03*

**CORP DIRECT AGENTS, INC. (formerly CCRS)**  
**103 N. MERIDIAN STREET, LOWER LEVEL**  
**TALLAHASSEE, FL 32301**  
**222-1173**

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:      KATIE WONSCH**

**DATE:            12-31-03**

**REF. #:          0170.22300**

**CORP. NAME:   DESTINATION AMERICA, INC.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                    | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                                | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                        | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                                | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                  |   |  |
| <input checked="" type="checkbox"/> OTHER:      NOTICE OF DISSOLUTION |   |  |

**STATE FEES PREPAID WITH CHECK# 64292 FOR \$ 35.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

## 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: DESTINATION AMERICA, INC. Document # S65422

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:

Name and address of claimant, description of the services/product provided, including date and amount.

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

Destination America, Inc. attn: Timothy Brown

P.O. Box 6067

Lakeland, FL 33807

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.

Timothy Brown, Vice President

Printed Name of the Person Filing

Timothy F. Brown

Signature of the Person Filing

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