

V17512

(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



600045435126

01/31/05--01039--008 **35.00

FILED

05 JAN 31 PM 12:02

CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

9x101

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Triangle of Life, Inc.

DOCUMENT NUMBER: V17512

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

Please return all correspondence concerning this matter to the following:

ELAINE LUCAS
(Name of Person)

Law Office of Elaine Lucas
(Name of Firm/Company)

900 Cesery Blvd #108
(Address)

JACKSONVILLE, FL 32211
(City/State/and Zip Code)

For further information concerning this matter, please call:

Elaine Lucas at (904) 744-1902
(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 Department of State:

TRIANGLE OF LIFE, INC.

SECOND: The document number of the corporation is: V17512

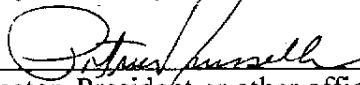
THIRD: The date dissolution was authorized: December 15, 2004
Effective date of dissolution: December 31, 2004

FOURTH: Adoption of Dissolution

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval

Signed this 2nd day of January, 2005.

Signature:



Director, President or other officer
By: PATRICIA ROUSSELLE, Director

FILED
05 JAN 31 PM 12:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF CORPORATE DISSOLUTION

This notice is submitted by the dissolved corporation named below for resolution of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes

NAME OF CORPORATION: TRIANGLE OF LIFE, INC.

Date of dissolution will be the date the dissolution is filed with the Department or as stated in the Articles of Dissolution.

Description of information that must be included in a claim:

Mailing address where claims can be sent:

Co By 56758
Jacksonville, Fla 32241

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.

Patricia Rousselle
PATRICIA ROUSSELLE, Director

FILED
05 JAN 31 PM 12:02
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA