## P02000000833

| ·                                       |
|---|
| (Requestor's Name)                      |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Otty/Otale/Zip/i Hone #)               |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (2001.000 2.1.1.)                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

Office Use Only



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10/03/08--01010--023 \*\*35.00



diss w/not

C.COULLIETTE

OCT 0 9 2008

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: ARTICLES OF D  | ISSOLUTION   |  |  |  |
| DOCUMENT NUMBER: P020000  | oo 833   |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for            | filing.  |  |  |  |
| Please return all correspondence concerning this matter to the following: |  |  |  |  |
| Octavio Mancilla  | J  |  |  |  |
| (Name of Contact Person)  |  |  |  |  |
|   |  |  |  |  |
| (Firm/Company)  | _  |  |  |  |
| 1098 Coral Clu  | b DR.  |  |  |  |
| (Address)   |  |  |  |  |
| Coral Springs, F  | L 33071  |  |  |  |
| Coral Springs, FL 33871 (City/State and Ztp Code)                         |  |  |  |  |
| For further information concerning this matter, please call:              |  |  |  |  |
| Pan Mancila at (954) (Name of Contact Person) (Area Contact Person)       | 839-1160<br>de & Daytime Telephone Number)   |  |  |  |
| Enclosed is a check for the following amount:                             | , ,  |  |  |  |
|   | e & []\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |  |  |  |
|   | TREET ADDRESS:   |  |  |  |
|   | Amendment Section Division of Corporations   |  |  |  |
| P.O. Box 6327   | Clifton Building<br>2661 Executive Center Circle   |  |  |  |
| Tallahassee, FL 32314   | 2001 EXCURING CHILD CHOIC  |  |  |  |

Tallahassee, FL 32301

## 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:  All America, Inc.   |
|---------|---|
| SECOND: | The document number of the corporation (if known): P 0200000833   |
| THIRD:  | The date dissolution was authorized: 12-31-87   |
|         | Effective date of dissolution <u>if applicable</u> : 12-31-07  (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 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 |
|         | (voting group)  |
|         | 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)  |
| ·       |   |
|         | (Typed or printed name of person signing)   |
|         | PSTD  |
|         | (Title of person signing)   |

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:

All America, Inc.

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

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

Description of information that must be included in a claim:

against this corporation as provided in s. 607.1407, F.S.

| Complete invoice information  | with                                  | backu        | 4 |
|---|---------------------------------------|--------------|---|
| · · ·   |                                       |              |   |
|   |                                       |              |   |
|   | · · · · · · · · · · · · · · · · · · · |              | • |
| Mailing address where claims can be sent: (Claims cannot be sent to the | Division of Corp                      | porations)   |   |
| 1098 Coral Club De.<br>Coral Springs, FL 3307                           | . 1                                   |              |   |
| Colar Spirarys, 12 3301   | •                                     | <del>`</del> |   |

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.

Octavio Mancilla

-Signature of the Person Filing