P06000144843

,	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	,
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	





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02/11/09--01014--006 **52.50

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SECRETARY OF STATE
TALLAHASSEF F, ABILE



COVER LETTER

TO: Amendment Section		
Division of Corporations		
Dissolution of Lard's Inc		
SUBJECT: Dissolution of Lara's Inc	·	
	140	
DOCUMENT NUMBER: P060000448	343	
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
DAMASO LARA		
(Name of Co	ontact Person)	
LARA'S INC.		
. (Firm/e	Company)	
8360 SW 46 ST.		
(Add	ress)	
MIAMI, FL. 33155-4025		
	and Zip Code)	
For further information concerning this matte	r njegse call:	
· ·	, preuse eur.	
MARTA FERIA	at (305) 821-1076	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount	•	
	<u>_</u>	
\$35 Filing Fee \(\subseteq \\$43.75 \) Filing Fee & \(\subseteq \) Certificate of Status]\$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certified Copy Certificate of Status &	
	(Additional copy is Certified Copy	
	enclosed) (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

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:
	LARA'S INC.
SECOND:	The document number of the corporation (if known): P06000044843
THIRD:	The date dissolution was authorized: 02/09/2009
	Effective date of dissolution <u>if applicable</u> : 02/09/2009 (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)
	F STATE FLORIDA
	Signature: & Domicalo Lavia
	(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)
	DAMASO LARA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35