# P06000091463

| (Re                                     | questor's Name)   | <del></del> |  |  |
|---|-------------------|-------------|--|--|
| (Ad                                     | dress)            |             |  |  |
| (Ad                                     | dress)            |             |  |  |
| (Cit                                    | y/State/Zip/Phone | · #)        |  |  |
| <u></u>                                 | WAIT              | MAIL        |  |  |
|   | _                 |             |  |  |
| (Bu                                     | siness Entity Nan | ne)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificates    | of Status   |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |

Office Use Only



400251253094

09/16/13--01047--011 \*\*43.75

BECKETARY OF STATE

#### **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations SUBJECT: CAPE SHORE PLUMBING OF SW FL INC P06000091463 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JORGE ALVAREZ (Name of Contact Person) CAPE SHORE PLUMBING OF SW FL INC (Firm/Company) 1409 NW 10TH ST (Address) CAPE CORAL FL 33993 (City/State and Zip Code) For further information concerning this matter, please call: JORGE ALVAREZ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS:

Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

### 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:   |  |  |  |
|---------|--|--|--|--|
|         | CAPE SHORE PLUMBING OF SW FL INC   |  |  |  |
| SECOND: | The document number of the corporation (if known): P06000091463  |  |  |  |
| THIRD:  | The date dissolution was authorized: 08/15/13  |  |  |  |
|         | Effective date of dissolution if applicable: 08/30/13  |  |  |  |
|         | (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  |  |  |  |
|         | JORGE ALVAREZ ≥  |  |  |  |
|         |  |  |  |  |

\_\_\_\_\_(v

(voting group)

Signature:

(By a first or, 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 fonciary)

## **JORGE ALVAREZ**

(Typed or printed name of person signing)

**PRESIDENT** 

(Title of person signing)

Filing Fee: \$35

#### **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: CAPE SHORE PLUMBING OF SW FL 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.

Description of information that must be included in a claim:

| ALL TAXES TO THE IRS & STATE OF FLORIDA HAVE E  | 3EEI         | N -   |             |
|---|--------------|-------|-------------|
| PAIDED AND UP TO DATE.  | <del> </del> |       | _           |
|   |              |       |             |
|   |              |       |             |
|   |              |       |             |
| Admiliar address where also are here a (OL)   | ·            |       |             |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) | SECF<br>ALL/ | 13 S  | <del></del> |
| JORGE ALVAREZ   | E E          | SEP I |             |
| 1409 NW 10TH ST   | RYS          | 6 P   |             |
| CAPE CORAL, FL. 33993   | 五点           | PM 4: |             |
|   | TAIL TAIL    | 50    |             |
|   |              |       |             |

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.

**JORGE ALVAREZ** 

Printed Name of the Person Filing

ature of the Person Filing

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