## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002811383)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Hnam. Sanz

: AVILA RODRIGUEZ HERNANDEZ MENA GEERRD Account Name

Account Number : 120070000136 Phone (305)779-3564 Fax Number

(786)664-3375ربې

## DISSOLUTION OR WITHDRAWAL LAGBAYCAN CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

2/2

FAX AUDIT NO. H13000281138 3

## 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 LAGBAYCAN CORP.	it of Sta	ate:	
SECOND:	The document number of the corporation (if known): P110000444	476	الجنيد	
THIRD:	The date dissolution was authorized: December 9, 2013	7	9	
	Effective date of dissolution if applicable: January 1, 2014		C 28	
	(no more than 90 days after dissolu	mon nie d	iale) ·	TT.
FOURTH:	Adoption of Dissolution (CHECK ONE)		<u>⊋</u> Ω	
	Dissolution was approved by the shareholders. The number of votes of was sufficient for approval.	ast for	බුදුර	lutio
	☐ Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting grout to vote separately on the plan to dissolve:	up entiti	led	
	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, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)			
	Dimitri Laborde	_		
	(Typed or printed name of person signing)			
	Director			
	(Title of person signing)			

Filing Fee: \$35