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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Na	me)
(De	ocument Number)	
Certified Copies	Certificate	s of Status
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2021 APR 12 AM II: 39
SECRETARY OF STATE

Mrt/Dissolution

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COVER LETTER

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TO: Amendment Section Division of Corporations	
SUBJECT:	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CAROLYN KAHL	
(Name of Contact Person)	
ROCA GONZALEZ PA	
(Firm/Company)	
3370 MARY STREET	
(Address)	
MIAMI, FL 33133	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
CAROLYN KAHL at (
(Name of Contact Person) (Area Code) (Daytime Telep	hone Number)
Enclosed is a check for the following amount:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee & □ \$643.75 Filing Fee & □ \$52.50 Filing Fee & □ \$643.75 F	Status & Dy
Mailing Address: Street Address:	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: CARLITA'S WAY CORP.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized://2021			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
•	Signature: (By a director-president-or other officer - if directors or officers have not been selected, by:77 an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	ROBERTO COSTA			
	(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: _____CARLITA'S WAY CORP. The above named corporation is the subject of dissolution and the effective date of a dissolution is: $\frac{0\frac{4}{7}/0\frac{7}{2}/2021}{2}$ (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: 1) NAME AND ADRRESS OF THE PERSON OR ENTITY MAKING THE CLAIM 2) DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM 3) STATEMENT OF THE AMOUNT OF THE CLAIM 4) ANY OTHER INFORMATION RELEVANT TO THE CLAIM Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) ROBERTO COSTA C/O ROCA GONZALEZ P.A. 3370 MARY STREET MIAMI, FL 33133 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.

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

ROBERTO COSTA

Printed Name of the Person Filing