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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : PREMIER ADVISORY GROUP LLC
Account Number : 12020000085
Phone : (305)370-9567
Fax Number : (305)675-0551

2023 JAN 5 AM 8:10

DISSOLUTION OR WITHDRAWAL
ABA SERVICES ASSOCIATES INC

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

2023 JAN -6 AM 8:16
DIVISION OF STATE
TALLAHASSEE, FL

FILED

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: ABA SERVICES ASSOCIATES INC

SECOND: The document number of the corporation (if known): P22000067419

THIRD: The date dissolution was authorized: DECEMBER 20, 2022

Effective date of dissolution if applicable: DECEMBER 31, 2022

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: [Handwritten 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)

GUILLERMO CASTILLA-ROSELL IN LIEU OF MIGUEL SANCHEZ REYES_ PRESIDENT (Typed or printed name of person signing)

REGISTERED AGENT (Title of person signing)

Filing Fee: \$35

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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: _____

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

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TALLAHASSEE, FL
CLERK OF STATE

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

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.

GUILLERMO CASTILLA-ROSELL FOR MIGUEL SANCHEZ REY

Printed Name of the Person Filing

Signature of the Person Filing

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