

P03000017432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

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(Business Entity Name)

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Certified Copies _____

Certificates of Status ☒

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03/05/10--01034--016 **43.75

FILED
2010 MAR 22 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss. w / Notice

TB

MAR 23 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANOVI INC.

DOCUMENT NUMBER: P03000017432

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lazaro Manuel Gil

(Name of Contact Person)

Anovi Inc

(Firm/Company)

PO BOX 560831

(Address)

Miami, Florida 33256-0831Laz

(City/State and Zip Code)

For further information concerning this matter, please call:

Ivona Gil

(Name of Contact Person)

at (786) 253-2555

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|---|---|---|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2010

LAZARO MANUEL GIL
PO BOX 560831
MIAMI, FL 33256-0831

SUBJECT: ANOVI INC.
Ref. Number: P03000017432

We have received your document for ANOVI INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 710A00005912

RECEIVED
2010 MAR 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ANDVI Inc.

SECOND: The document number of the corporation (if known): P03000017432

THIRD: The date dissolution was authorized: 03/04/2010

Effective date of dissolution if applicable: _____
(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)

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)

LAZARO M. GIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
2010 MAR 22 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ANDVI 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:

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

P.O. Box 560831
MIAMI, FL. 33256

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.

LAZARO M. GIL
Printed Name of the Person Filing

Lazaro M Gil
Signature of the Person Filing

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