P05000158689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

SEP 15 2015

**COVER LETTER**

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** HAQUE BROTHER INC

**DOCUMENT NUMBER:** P05000158689

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

Please return all correspondence concerning this matter to the following:

APRIL CONDRON
(Name of Contact Person)

CAPE COD MGMT SVC INC
(Firm/Company)

314 NE 27TH ST
(Address)

WILTON MANORS FL 33334-2020
(City/State and Zip Code)

For further information concerning this matter, please call:

APRIL CONDRON at (954-630-8300
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ $35 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $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

# 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:

HAQUE BROTHER INC

SECOND: The document number of the corporation (if known): P05000158689

THIRD: The date dissolution was authorized: 09-03-2015

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: 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)

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TALLAHASSEE FLORIDA

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)

TOFAJAL HAQUE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)