P98000103565

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

effective date 12-31-21



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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: MAUDELONDE ENTERPRISES, INC. P98000103565 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NICOLE P. LEVERRIER (Name of Contact Person) (Firm/Company) 2597 JAMES RIVER ROAD (Address) WEST PALM BEACH, FL 33411 (City/State and Zip Code) For further information concerning this matter, please call: NICOLE P. LEVERRIER (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ☐ \$52.50 Filing Fee, □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

enclosed)

Uffective date 12.31-21

FILED

2021 DEC -6 AM 10: 28

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: MAUDELONDE ENTERPRISES, INC. P98000103565 The document number of the corporation (if known):		
SECOND:			
THIRD:	The date dissolution was authorized:		
	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 wi not be listed as the document's effective date on the Department of State's records.		
	Signature: (By a director, president or other officer - it 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)		
	NICOLE P. LEVERRIER		
	(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: MAUDELONDE ENTERPRISES, INC.	
The above named corporation is the subject of dissolution and the eff	ective date of a dissolution is:
(date filed with the Dept. if date specified in the	e Articles of Dissolution)
Description of information that must be included in a claim:	
Date of invoice and description of merchandise/goods delivered and when d	delivered; or
Date of invoice and description of services provided and when services were	e provided.
· 	
Mailing address where written claims can be sent: (Claims cannot be	sent to the Division of Corporations)
c/o Nicole Leverrier	
2597 James River Road	
West Palm Beach, FL 33411	
A claim against the above named corporation will be barred unless a within 4 years after the filing of this notice.	proceeding to enforce the claim is commence
NICOLE LEVERRIER	0
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