

P95000017331

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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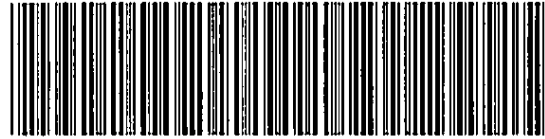
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TO: Amendment Section
Division of Corporations

SUBJECT: NOTICE OF CORPORATE DISSOLUTION

DOCUMENT NUMBER: P95000017331

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

Please return all correspondence concerning this matter to the following:

CARLOS DE ZAYAS

(Name of Contact Person)

I.YDECKER, LLP

(Firm/Company)

1221 BRICKELL AVENUE, 19TH FLOOR

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS DE ZAYAS

(Name of Contact Person)

at (305) 416-3180

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: APRIL USA ASSISTANCE, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: JUNE 30, 2023

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

Description of information that must be included in a claim:

THE INFORMATION TO BE INCLUDED IN THE CLAIM MUST BE SUFFICIENT TO DETERMINE THAT YOU ARE A VENDOR TO THE CORPORATION, THAT SERVICES WERE PROVIDED TO A POLICYHOLDER, AND THAT THEY WERE PROVIDED AT THE REQUEST OF THE CORPORATION. CLAIMS MUST BE IN WRITING. YOU MUST SUBMIT A SEPARATE WRITTEN PROOF OF CLAIM FOR EACH POLICYHOLDER/PATIENT TO WHOM YOU PROVIDED GOODS OR RENDERED SERVICES AT THE REQUEST OF THE CORPORATION.

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

CARLOS DE ZAYAS

LYDECKER, LLP

1221 BRICKELL AVENUE, 19TH FLOOR

MIAMI, FL 33131

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 MEERT

Printed Name of the Person Filing

Designed by:

GUILLERMO DANIEL MEERT

Signature of the Person Filing

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