

6011649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

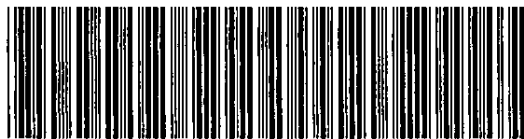
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUL 27 AM 11:52
DEPARTMENT OF STATE
ITALY AIRSIDE (PROMO)

JUL 30 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASTURIAS SPANISH-AMERICAN RESTAURANTS, INC.

DOCUMENT NUMBER: 611649

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

Please return all correspondence concerning this matter to the following:

MAGALY JARA

(Name of Contact Person)

(Firm/Company)

9750 NW 51 LANE

(Address)

MIAMI, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

MAGALY JARA

(Name of Contact Person)

at (786) 223-6967

(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

STREET ADDRESS:

Amendment Section

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:

ASTURIAS SPANISH-AMERICAN RESTAURANTS, INC.

SECOND: The document number of the corporation (if known): 611649

THIRD: The date dissolution was authorized: 7/31/12

Effective date of dissolution if applicable: 7/31/12

(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)

MAGALY JARA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE FLORIDA
SECRETARY OF STATE