

739216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

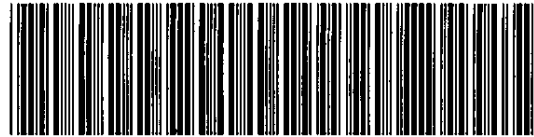
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: 739216

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

Please return all correspondence concerning this matter to the following:

Wendy Cruz
(Name of Contact Person)
ehouse condominium Assoc. Inc
(Firm/Company)
NW 8 Street
(Address)
Miami, FL 33126
(City/State and Zip Code)
In this matter, please call:
305 at 269-4992
(Area Code & Daytime Telephone Number)

If any documents need to be mail back to us, we are no longer @ this location, you may mail info to 815 NW 29 street

Enclosed is a check for the following amount:

Miami, FL 33122

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Thank You!
Wendy Cruz

STREET ADDRESS:

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

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
Rogcab warehouse condominium Association, Inc.

SECOND: The document number of the corporation (if known): 739216

THIRD: The file date of the articles of incorporation: 6-3-77

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signature: _____

Lourdes Porro

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Lourdes Porro

(Typed or printed name of person signing)

Vice-President

(Title of person signing)

Filing Fee: \$35