

H39466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

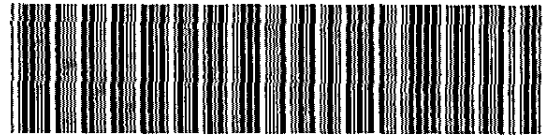
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600089132246

02/27/07--01007--003 **43.75

FILED
07 FEB 27 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE of inactive
corp
3/2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Notice of Corporate Dissolution - Galoland, Inc.

DOCUMENT NUMBER: H39466

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

Please return all correspondence concerning this matter to the following:

Margarita Galiana

(Name of Contact Person)

(Firm/Company)

10631 N. Kendall Drive, 2nd Floor

(Address)

Miami, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

Margarita Galiana

(Name of Contact Person)

at (305) 267-9660

(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

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: Galoland, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name of Claimant _____

Address of Claimant _____

Telephone and Telefax numbers of Claimant _____

Detailed explanation as to the nature of the claim _____

FILED
07 FEB 27 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

C/O Margarita Galiana

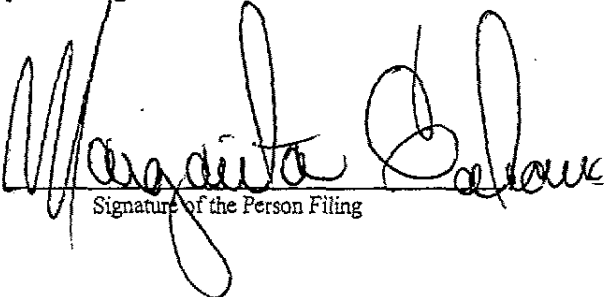
10631 N. Kendall Dr. 2nd Floor

Miami, FL 33176

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.

Margarita Galiana

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