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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: MURAI, WALD, BIONDO, MORENO, P.A.

Account Number : 076150002103 Phone

: (305)444-0101

Fax Number

: (305)444-0174

DISSOLUTION OR WITHDRAWAL PARKHEAD CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count (4 incl. cover)	04
Estimated Charge	\$35.00

with notice

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section		
	Division of Corporations		

SUBJECT: PARKHEAD CORPOR	ATION			
DOCUMENT NUMBER: M11248				
The enclosed Articles of Dissolution and fee	are submitted f	or filing.		
Please return all correspondence concerning	this matter to the	c following:		
Maria V. Currais		. •		
(Name of C	ontact Person)			
Mural Wald Blondo & Moreno, PA	4			
(Firm/Company)				
1200 Ponce de Leon Bivd				
(Add	iress)			
Coral Gables, FL 33134				
(City/State	and Zip Code)			
For further information concerning this matte	эт, please call:			
Maria V Currais		_) 444-0101		
(Name of Contact Person)	(Area	Code & Daytime Telephone Number)		
Enclosed is a check for the following amount	**			
\$35 Filing Fee \$\sum_\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Certified Copy (Additional copenciosed)	Certificate of Status &		
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		

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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:			
ingi.	PARKHEAD CORPORATION			
SECOND:	: The document number of the corporation (if known): M11248			
THIRD;	The date dissolution was authorized:			
	Effective date of dissolution if applicable: filing date (no more than 90 days after dissolution file)	le date)		
FOURTH:	: Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	r dissolution		
	Dissolution was approved by the shareholders through voting groups.	2 8 3		
	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	inled		
	The number of votes cast for dissolution was sufficient for approval by	557 CT		
	(voting group)	FLÖRIUA		
	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)			
	MILLY DEL VALLE			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

Filing Fee: \$35



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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: PARKHEAD CORPORAT	TION				
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 and Address of Claimant					
Nature of the Claim					
Amount being Claimed					
	-1				
Mailing address where claims can be sent: (Claims cannot be	sent to the Division of Corporations)				
314 E DANIA BEACH BLVD.					
#129					
DANIA BEACH, FL 33004					
A claim against the above named corporation will be barred within 4 years after the filing of this notice.	unless a proceeding to enforce the claim is commenced				
	(
MILLY DEL VALLE Printed Name of the Person Piling	Signature of the Person Filing				

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