

M23215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

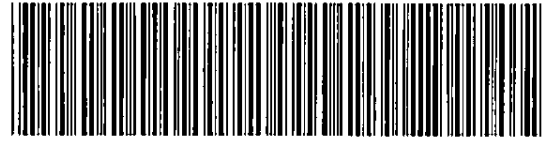
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800429838508

2024 MAY 15 AM 7:15  
TALLAHASSEE, FLORIDA

05/15/24--01008--010 \*\*43.75

JUN 26  
S. PRATHER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CORPORATION  
\_\_\_\_\_

**DOCUMENT NUMBER:** M23215  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

ANTONIO L. LLAMBES

\_\_\_\_\_  
(Name of Contact Person)

ANRO ENTERPRISES, INC

\_\_\_\_\_  
(Firm/Company)

1500 S.W. 23RD STREET

\_\_\_\_\_  
(Address)

MIAMI, FLORIDA 33145

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO L. LLAMBES

(305) 790-9856

at

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(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

**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:  
ANRO ENTERPRISES, INC  
\_\_\_\_\_

SECOND: The document number of the corporation (if known): M23215

THIRD: The date dissolution was authorized: NOVEMBER 30, 2023  
Effective date of dissolution if applicable: NOVEMBER 30, 2023  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

2024 MAY 15 AM 7:15  
FILED  
ALLIANCE STATE, FLORIDA

Signature: *A. L. Llambes*  
(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)

ANTONIO L. LLAMBES  
\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT  
\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**