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(Re	equestor's Name)	
(Ac	idress)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	пеј
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	o the following:
LARRY DEREVER (Name of Person)	NSKY
ABe + Larry's Au (Name of Firm/Compan)	to Center Inc
201 5 State A	Qb 7
201 5 State A (Address) (City/State/and Zip Cod	33317
(City/State/and Zip Cod	de)
For further information concerning this matter, please cal	1:
(Name of Person) at (9)	rea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee Certificate of Status Certified Co (Additional enclosed)	opy Certificate of Status &
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations 409 E. Gaines Street
Tallahassee, Florida 32314	Tallahassee, Florida 32399

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. ADE + LARRY'S AND CENTER The document number of the corporation (if known): SECOND: The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: (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 of 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 3 day of August Signed this 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)

Filing Fee: \$35

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.

	issolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation:	HBC + LAMY'S ANOCENTOR INC The date the dissolution is filed with the Department of State or as
Date of dissolution will be the specified in the Articles of D	
Description of information th	nat must be included in a claim:
	· · · · · · · · · · · · · · · · · · ·
Mailing address where claim	s can be sent: (Claims cannot be sent to the Division of Corporations)
	PLANTATION FL 33318
A claim against the above naw within 4 years after the filing	med corporation will be barred unless a proceeding to enforce the claim is commenced of this notice.
L A RRY Printed Name	e of the Person Filing Signature of the Person Filing