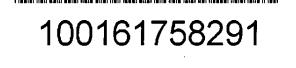
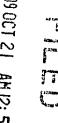
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· · · · · · · · · · · · · · · · · · ·
Special Instructions to Filing Officer:
Office Use Only
219
10 22-09
·





# **COVER LETTER**

•
SUBJECT: DISSOLUTION OF PUENTES CUBANOS, INC
DOCUMENT NUMBER: N99 0000 3780
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SILVIA WILHELM (Name of Contact Person)
(Name of Contact Person)
PUENTES Cuba NOS INC (Firm/Company)
(Firm/Company)
1925 BRICKELL AUR THIT (Address)
MIAMI FL 33/29 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
SUMA WILHELM 01 786 374-7220
SILVIA WILHELM at (786) 374-7220  (Name of Contact Person) (Area Code & DaytimeTelephone Number)
( · · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & \Bigcup \$52.50 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(Additional copy is Certified Copy
enclosed) (Additional copy is enclosed)

## **MAILING ADDRESS:**

TO: Amendment Section

**Division of Corporations** 

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



## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

The name of the corporation as currently filed with the Florida Department of State:

PUENTES CUDANOS INC

SECOND: The document number of the corporation (if known): N9900003780

THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II)

(COMPLETE SECTION FOR II)

SECTION I
If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

	The date of the meeting of members at which the resolution to dissolve was adopted
	. The number of votes cast by the
	members was sufficient for approval.
巴	The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

#### **SECTION II**

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was MHY 4,3009.

The number of directors in office was \_\_\_\_\_ and the vote for resolution was

\_\_\_\_\_5 for and \_\_\_\_\_0 against. (must be a majority vote)

OURTH:	Effective date of dissolution if applicable: ここれと 3つ, そ009
	(no more than 90 days after dissolution file day
	•
	5. 11/1/1
	Signature (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.)
	SILVIA WILHELM
	(Typed or printed name of the person signing)
	TV TOUTING TO BOAT BARRY OF A LAC
	EXECUTIVE DIFECTORY BOARD Member (Title of person signing)
	( title of berson signing)

FILING FEE: \$35