P00000067950

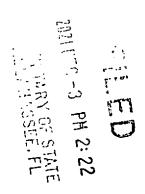
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER ` :

TO: Amendment Section Division of Corporations

SUBJECT:	s of Dissolution
DOCUMENT NUI	MBER: P00000067950
The enclosed Artic	les of Dissolution and fee are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
Lazaro Garcia	
	(Name of Contact Person)
Casavana Kendall, Inc.	
	(Firm/Company)
9220 SW 72 St Ste 203	3
	(Address)
Miami FL 33173	
	(City/State and Zip Code)
For further informat	tion concerning this matter, please call:
Lazaro Garcia	at (
(Name of	(Area Code) (Daytime Telephone Number)
Enclosed is a check	for the following amount:
□ \$35 Filing Fee 1	■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) 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:
	Casavana Kendall, Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: November 15th, 2021
	Effective date of dissolution if applicable:
	(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.
	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) Lazaro Garcia
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Casavana Kendall, Inc.	
The above named corporation is the subject of dissolution and the effective date of a dissolution is:	
December 31, 2021	
(date filed with the Dept. if date specified in the Articles of Dissolution)	
Description of information that must be included in a claim:	
* Name of Claimant	
* Address and Phone Number for Claimant	
* Nature of Claim	
* Monetary Sum of Claim	
* Supporting documentation as applicable	
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 9220 SW 72 St Ste 203	
Miami FL 33173	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is conwithin 4 years after the filing of this notice.	nmenced
Lazaro Garcia	
Printed Name of the Person Filing	

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