

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000086429 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

Account Name : ISAAC MATZ P.A., C.P.A.

Account Number: I20040000029 Phone : (305)573-6640 Fax Number : (305)675-6200

DISSOLUTION OR WITHDRAWAL

SANTA LUCIA COMMERCIAL DEVELOPMENT CORP.

	AH R. DO	HON OF LOPES	TP OF AT 1945
FEE	MAR 31	AN OF CO	÷

Certificate of Status	t
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu

Help

Or voles

ISAAC_MATZ CPA

PAGE 82

FAX AUDIT NUMBER: 4060000864793

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the Room:)llowin	g artic	:les		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:					
	Santa Lucia Commercial Development Corp.					
SECOND:	The document number of the corporation (if kndwn): P00000083644			-		
THIRD:	The date dissolution was authorized: March 6,7006			_		
	Effective date of dissolution if applicable: March 6, 700,	on file date	:)	_		
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	: for dis	soluti	on		
	Dissolution was approved by of the shareholders through voting groups.					
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled E	8			
	The number of votes east for dissolution was sufficient for approval by	LAHASSE	5 MAR 31			
	(voting group)	OF STATE	PM 2: 36	EO		
	Signature:					
	(By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)					
	IGNACIO RUIZ					
	(Typed or printed name of person signing)					
	DIRECTOR					
ed By:	(Title of person signing)					
eu uy.						

Prepared By: Isaac Matz PA 2742 Biscayne Blvd Miami FL 33137 Tel (305) 573-5640 Fax (305) 675-6200

Filing Fee: \$35

FAX AUDIT NUMBER: H060000864293