

P000000101749

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution w/notice

T BROWN MAR 12 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE DISSOLUTION

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

LUIS A. DELVALLE
(Name of Person)

(Name of Firm/Company)

P. O. BOX 297284

(Address)

PEMBROKE PINES, FL 33029-7284

(City/State/and Zip Code)

For further information concerning this matter, please call:

LUIS A. DELVALLE at (754) 224-0992
(Name of 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
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 Department of State:

L. A. D. P. F., Inc.

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

P00000010174

THIRD: The date dissolution was authorized: DECEMBER 31, 2003

Effective date of dissolution if applicable: DECEMBER 31, 2003
(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

(voting group)

Signed this 3rd day of MARCH, 2004.

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)

Luis A. Del Valle

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA

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: L. A. D. P. I., INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

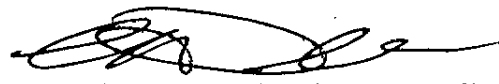
INVOICE NUMBERS, DATE SERVICE OR
MERCHANDISE WAS RECEIVED, AND PROOF OF
DELIVERY.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

LUIS A. DELVALLE
P.O. Box 297284
Pembroke Pines, FL
33029-7284

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

LUIS A. DELVALLE, Pres
Printed Name of the Person Filing


Signature of the Person Filing