

P00000110005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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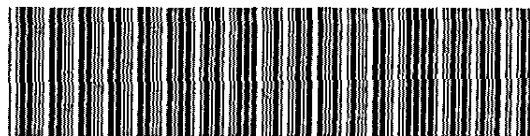
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH DADE HOME REPAIR, INC

DOCUMENT NUMBER: P00000110005

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

Please return all correspondence concerning this matter to the following:

CHARLES GUGLIUZZA

(Name of Person)

SOUTH DADE HOME REPAIR, INC

(Name of Firm/Company)

381 N. KROME AVENUE, SUITE 205

(Address)

HOMESTEAD, FL 33030

(City/State/and Zip Code)

For further information concerning this matter, please call:

CHARLES GUGLIUZZA

(Name of Person)

at (305) 247-5040

(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 Florida Department of State:

SOUTH DADE HOME REPAIR, INC.

SECOND: The document number of the corporation (if known): P00000110005

THIRD: The date dissolution was authorized: FEBRUARY 28, 2005

Effective date of dissolution if applicable: FEBRUARY 28, 2005

(no more than 90 days after dissolution effective 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 04 day of APRIL, 2005

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)

NEAL HONERKAMP

(Typed or printed name of person signing)

PRESIDENT / DIRECTOR

(Title of person signing)

Filing Fee: \$35

FILED
05 APR -7 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA