

(Requestor's Name)	
(Address)	500288906015
(City/State/Zip/Phone #)	·
PICK-UP WAIT MAIL (Business Entity Name)	08/18/1601027004 **35.00
(Document Number)	
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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:	
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .	
Description of information that must be included in a claim:	
1) Copy of construction contract signed by Jerry Attardi; 2) Copy of Construction Permit with final inspection by city of jurisdiction; 3) Copy of filed/executed Notice of Commencement 4) Copy of all executed payment checks; 5) Copy of all subcontractor agreements; 6) Copy of owner liability insurance for said project; 7) Copy of General contractors liability insurance for said project; and 8) Copy of General contractors' worker's compensation insurance for said project.	FILED 16 AUG 18 PH 2: 42
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations))
986 N.E. 122nd Street	
North Miami, Florida 33161	
A claim against the above named corporation will be barred unless a proceeding to enforce the cla within 4 years after the filing of this notice.	im is commenced
Ryan Swail Printed Name of the Person Filing Signature of the Person Fi	iling

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