

PO1000078494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

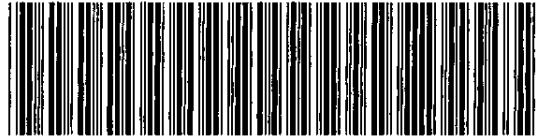
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
07 NOV 29 AM 11:31

dis.

C. Coulllette NOV 29 2007

COVER LETTER

TO: • Registration Section
• Division of Corporations

SUBJECT: Migliaccio Enterprises, Inc
(Name of Partnership)

DOCUMENT NUMBER: P01000078494

The enclosed Statement of Dissociation for Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Migliaccio
(Name of Person)

Migliaccio Enterprises, Inc
(Firm/Company)

147 Parliament Loop #1001
(Address)

Lake Mary, FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Migliaccio at (407) 302-2695
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2007

JOSEPH MIGLIACCIO
MIGLIACCIO ENTERPRISES, INC.
147 PARLIMENT LOOP #1001
LAKE MARY, FL 32746

SUBJECT: MIGLIACCIO ENTERPRISES, INC.
Ref. Number: P01000078494

We have received your document for MIGLIACCIO ENTERPRISES, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 807A00066001

2007 NOV 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Ref # PO1000078494 Notice of Corporate Dissolution

DOCUMENT NUMBER:

PO100078494

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

Please return all correspondence concerning this matter to the following:

Joseph Migliaccio

(Name of Contact Person)

Migliaccio Enterprises, Inc.

(Firm/Company)

1045 Primera Blvd Suite 1025

(Address)

Lake Mary FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Migliaccio

(Name of Contact Person)

at (407) 302-2695

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

Migliaccio Enterprises, Inc

SECOND: The document number of the corporation (if known): P01000078494

THIRD: The date dissolution was authorized: 11-29-07

Effective date of dissolution if applicable: _____
(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 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)

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)

Joseph Migliaccio

(Typed or printed name of person signing)

President

(Title of person signing)

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DIVISION OF CORPORATIONS
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Filing Fee: \$35