

P01000091425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

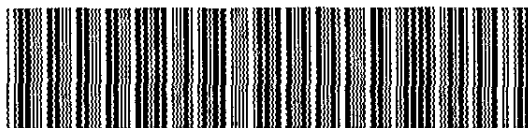
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/21/04--01027--014 \*\*43.75

FILED  
04 JUL 21 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

dis.  
G. O'Connell JUL 27 2004

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolve CLA Inc a FL Corp.

**DOCUMENT NUMBER:** \_\_\_\_\_

901000091425

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

Please return all correspondence concerning this matter to the following:

Michael H Anolfo

(Name of Person)

CLA Inc

(Name of Firm/Company)

13006 Creek Manor Ct

(Address)

Riverview FL 33569

(City/State/and Zip Code)

For further information concerning this matter, please call:

Michael H Anolfo

(Name of Person)

at (813) 671-1490

(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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

C L H, Inc.

SECOND:

The document number of the corporation (if known):

901000091425

THIRD:

The file date of the articles of incorporation was:

7/18/01

FOURTH:

(CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH:

No debt of the corporation remains unpaid.

SIXTH:

The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH:

Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 15<sup>th</sup> day of July, 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.)

Michael H Anolfo

(Typed or printed name of person signing)

Owner / pres.

(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: CLA 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:

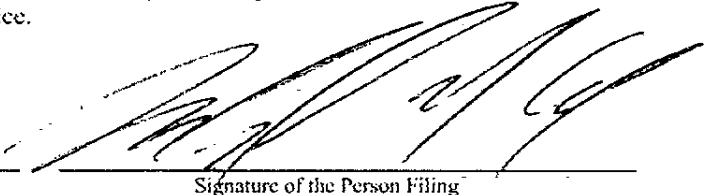
This is to notify you that the above corporation  
CLA Inc. is to be dissolved. The business connected  
to the corp. has been sold and therefore there  
is no longer a need for incorporation.

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

13006 Creek Manor Ct  
River View FL 33569

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.

Michael H Anolko  
Printed Name of the Person Filing

  
Signature of the Person Filing