Po2000077116

(Rec	questor's Name))
(Add	lress)	
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(City	/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
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VOLPISTA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations
SUBJECT:
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CRISTIAN LAZZARI
(Name of Person)
CEISTIAN LAZZABI GORP.
(Name of Firm/Company)
2150 Sw 26 St. #8
(Address)
2150 Sw 26 St. #8 (Address) MiAri, FL. 33134
(City/State/and Zip Code)
For further information concerning this matter, please call:
CRISTIAN MZZARI at (305) 3892269 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street

Tallahassee, Florida 32399

Tallahassee, Florida 32314

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: CRISTUS LAZZARI CORP.
SECOND:	The document number of the corporation (if known): PO2000 77116
THIRD:	The file date of the articles of incorporation was: $\frac{7-16-02}{2}$
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 9 day of JULY, 2004.
Si	gnature: (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.)
	CRISTIAN LAZZARI
	(Typed or printed name of person signing)
	(Title of person signing)
	2 3

Filing Fee: \$35