

PO2000096513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

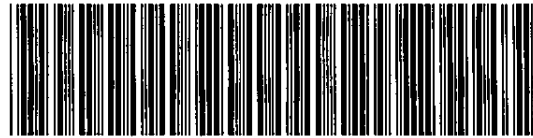
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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*less with  
notice*

12/18/14--01007--009 \*\*35.00

FILED  
2014 DEC 18 PM 3:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*DR  
12/22/14*



**HAVANA HOUSE CAFÉ, INC.  
818-2 EAST NEW HAVEN AVENUE  
MELBOURNE, FLORIDA 32901**

**Melbourne, Florida  
November 5, 2014**

**Florida Department of State  
Division of Corporations  
Amendment Section  
Clifton Building  
2661 Executive Circle  
Tallahassee, Florida**

**To whom it may concern,**

**The Directors of Havana House Café, Inc. Held a special meeting on November 5, 2014. to discuss the future of the corporation. Agreed that because of the continued losses and lack of business , to dissolve Havana House Café, Inc.. The last business day will be December 31, 2014 at midnight. I am attaching the Articles of Dissolution form and the fee.**

**Please feel free to contact me for any further assistance.**

**Respectfully,**

A handwritten signature in black ink, appearing to read 'Luisa D. Fuentes', written in a cursive style.

**Luisa D. Fuentes  
President**



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HAVANA HOUSE CAFE, INC.

**DOCUMENT NUMBER:** P02000096513

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

Please return all correspondence concerning this matter to the following:

LAZARO P. FUENTES

(Name of Contact Person)

HAVANA HOUSE CAFE, INC.

(Firm/Company)

1533 LARAMIE CIRCLE

(Address)

VIERA, FLORIDA 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

LAZARO P. FUENTES at ( 321 ) 544 - 3271

(Name of Contact Person)

(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 FILED

2014 DEC 18 PM 3:07

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

HAVANA HOUSE CAFE ,INC.

SECOND: The document number of the corporation (if known): P02000096513

THIRD: The file date of the articles of incorporation: 09-06-2002

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.

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.)

LUISA D. FUENTES

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

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: HAVANA HOUSE CAFE, 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:

PAPER WORK TO ASCERTAIN THE LEGAL VALIDITY OF ANY CLAIM

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

LAZARO P FUENTES

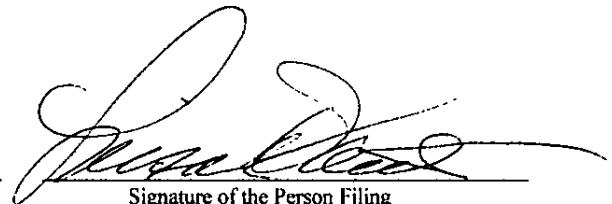
1533 LARAMIE CIRCLE

VIERA, FLORIDA 32940

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.

LUISA D. FUENTES

Printed Name of the Person Filing

  
Signature of the Person Filing

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