P02000097501

(Requestor's Name)	
(Address)	200039943302
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
	08/09/0401066009 **35.00
(Document Number)	
Certified Copies Certificates of Status	TAKE P
Special Instructions to Filing Officer:	04 OCT 11 PH 1: 04 TALL AND SEE. TLORID
	SER P
	FISH I.
Office Use Only	
	Toldis

-13 10/12

1

Cover Letter

Wabella Travel Co. 15815 SW 299 Tr. Miami Fl. 33030

Contact: Asuncion Interian or Jessika Interian 305-247-3383

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Articles of Dissolution SUBJECT:

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

Asuncion Interian
(Name of Person)
(Name of Firm/Company)
ISRIS SIN 299 TWY.
(Address)
in in in in in in in in
(City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (786) 553-2616 (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
🗖 \$25 Filing Eqs. 🖸 \$42.75 Filing Eqs. & 🔲 \$42.75 Filing Eqs. & 🗍 \$52.50 Filing Eqs.

□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status

Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

payment has already been

recieved by your office,



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 13, 2004

ASUNCION INTERIAN LUCABELLA TRAVEL CO. 15815 SW 299 TERRACE MIAMI, FL 33030

SUBJECT: LUCABELLA TRAVEL CO. Ref. Number: P02000097501

We have received your document for LUCABELLA TRAVEL CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6909.

Velma Shepard Document Specialist

Letter Number: 504A00050171

8

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 Department of State:	
	The name of the corporation as currently filed with the Department of State:	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized: 1St of Avgust 2004	
	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 of 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)	
	Signed this 30 th day of September, 3004.	
	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)	
	(Typed or printed name of person signing)	
	(Title of person signing)	

Filing Fee: \$35