

PD 2000106356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

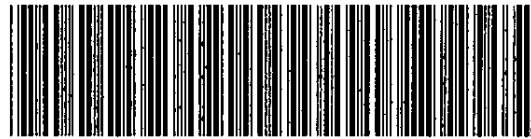
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600132558196

07/10/08--01016--024 \*\*52.50

FILED

08 JUL 10 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Dis w/NOT*

G. G. G. JUL 11 2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

*Dissolution*

**SUBJECT:** *EAST COAST LENDERS INC.*

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

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

Please return all correspondence concerning this matter to the following:

*FRANKLIN CANAS*

(Name of Contact Person)

*EAST COAST LENDERS INC.*

(Firm/Company)

*420 LINCOLN ROAD SUITE #410*

(Address)

*MIAMI BEACH, FL 33139*

(City/State and Zip Code)

For further information concerning this matter, please call: *305-798-7675*

*FRANKLIN CANAS*

(Name of Contact Person)

at (*305*) *798-7675*

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:

EAST COAST LENDERS INC

SECOND: The document number of the corporation (if known): PO2000106356

THIRD: The date dissolution was authorized: JUNE 25, 2008

Effective date of dissolution if applicable: JUNE 25, 2008  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

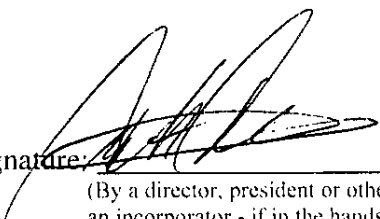

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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

Cristina Calvo + Franklin Cairns  
(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)

Cristina Calvo + Franklin Cairns  
(Typed or printed name of person signing)

President + Vice President  
(Title of person signing)

Filing Fee: \$35

FILED  
08 JUL 10 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: EAST COAST Lenders 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:

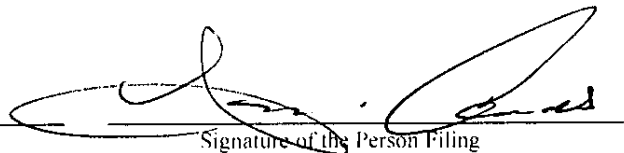
Corporate Dissolutions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

FRANKLIN CANAS  
5700 COLLINS AVE #14B.  
MIAMI BEACH, FL 33140  
\_\_\_\_\_

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.

Franklin Canas  
Printed Name of the Person Filing

  
Signature of the Person Filing