

P0200011528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

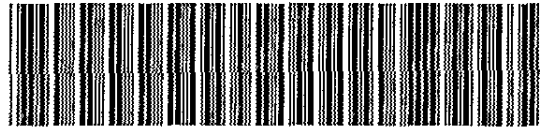
(Business Entity Name)

(Document Number)

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FILED  
02 DEC -2 PM 2:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**Elizabeth Castillo**  
**2350 W 84<sup>th</sup> street #11**  
**Hialeah, FL 33016**  
**(305) 825-2500**


Florida department of state  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Articles of Dissolution Section;

Following is an original dissolution form for, **Castillo, Medina And Associates, Inc.**  
Document number **P020000111528**. Address to mail the dissolving of this  
corporation is on the top of this letter. Attached is a check for the filing fee for the  
dissolution of \$35.00, and \$8.75 for a certified copy of the dissolution.

If you have any questions, please call me at the number above.

Thank you

  
Elizabeth Castillo  
Shareholder

ARTICLES OF DISSOLUTION

FILED

02 DEC -2 PM 2:00

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: DEPT OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: CASTILLO, MEDINA AND ASSOCIATES,  
INC.

SECOND: The date dissolution was authorized: NOVEMBER 24, 2002

THIRD: 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 vote of the shareholders through voting groups.

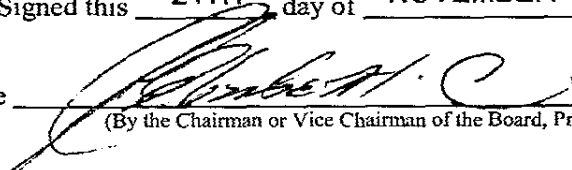
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this 24TH day of NOVEMBER, 2002

Signature

  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

ELIZABETH CASTILLO

(Typed or printed name)

SHAREHOLDER/PRESIDENT  
(Title)