

P0300 0053369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

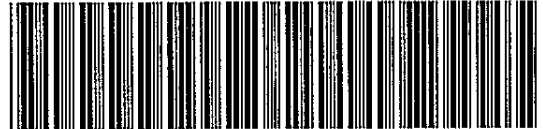
(Business Entity Name)

(Document Number)

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03/11/05--01012--001 \*\*35.00

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Deloucas A/C Corp.

**DOCUMENT NUMBER:** P03000053369

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

Please return all correspondence concerning this matter to the following:

Carlos Deloucas  
(Name of Person)

(Name of Firm/Company)

18529 Kingbird Dr  
(Address)

Lutz, Fl 33558  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Carlos Deloucas at ( 850 ) 766-7817  
(Name of 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, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

DELOUCAS A/C CORP.

SECOND: The document number of the corporation (if known): P03000053369

THIRD: The file date of the articles of incorporation was: MAY 7, 2003

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 9th day of March, 2005.

Signature: see attached for 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.)

Carlos Deloucas

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

FILED  
05 MAR 11 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Tampa 3/9/05

To

I, Carlos Deloucas, Can not perform any  
A/c Work Due to: I am not Qualified Per  
Florida Law. I do not meet the Requirement  
of city of Tampa & Hillsborough County  
Contractor Examination. -

Thanks.



CARLOS DELOUCAS  
18529 KINGBIRD Dr  
LUTZ FL. 33558  
Phone (813) 960-7741  
E mail cdeloucas@YAHOO.com.