

P03000092447

(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



600210812076

08/19/11--01014--003 **35.00

FILED
AUG 19 AM 9:22
TALLAHASSEE, FLORIDA

1-SS/10/12
82211

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LULU Travel of Florida, Inc.

DOCUMENT NUMBER: P03000092447

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

Please return all correspondence concerning this matter to the following:

Bill Antar CPA
(Name of Contact Person)

Cape Coral Tax &
Accounting Services, LLC
3306 Del Prado Blvd. South
Cape Coral, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Antar CPA at (239) 540-7500
(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

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 the Florida Department of State:

LU-LU TRAVEL OF FLORIDA, INC.

SECOND

The document number of the corporation:

P03000092447

THIRD

The file date of the articles of incorporation:

8/22/2003

FOURTH:

☒
☐

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

☒
☐

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.)

X LUIS DOMINGUEZ

(Typed or printed name of person signing)

X VICEPRESIDENT

(Title of Person Signing)

FILED
2011 AUG 19 AM 9:22
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:

LU-LU TRAVEL OF FLORIDA, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or February 1, 2009, whichever is sooner.

Description of information that must be included in a claim:

- Amount owed
- Copy of signed invoice or Bill or other proof of services solicited or performed
- Claimant name & Address
- Tax ID number

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

2120 SANTA BARBARA BLVD. SUITE 1
CAPE CORAL FL 33991

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.

LUIS DOMINGUEZ

Printed Name of the Person Filing



Signature of the Person Filing