

P030000 99369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

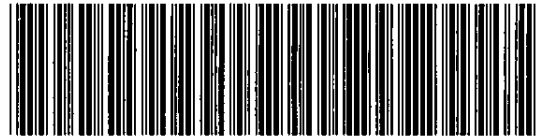
MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:



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06/06/08--01002--008 \*\*13.75

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RECEIVED

2008 MAY -7 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

FILED  
08 JUN -5 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

als  
VOID'S w NOTICE  
P/5



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2008

MARC M. AMAR  
AMAR & CO. INC.  
10000 WEST BAY HARBOR DR. #205  
BAY HARBOR, FL 33154

SUBJECT: AMAR & CO., INC.  
Ref. Number: P03000099369

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

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$13.75 is due.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 508A00030197

RECEIVED  
2008 JUN -5 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

*Dissolution*

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

*9030000 99369*

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

Please return all correspondence concerning this matter to the following:

*Liza AMAR*

(Name of Contact Person)

*AMAR & Co*

(Firm/Company)

*10000 W Bay Harbor Dr # 205*

(Address)

*Bay Harbor FL 33154*

(City/State and Zip Code)

For further information concerning this matter, please call:

*Liza AMAR*

(Name of Contact Person)

at ( *786* ) *487-0922*

(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

FILED  
08 JUN -5 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

AMAR & Co

SECOND: The document number of the corporation (if known): P03 0000 99369

THIRD: The date dissolution was authorized: 04/29/2008

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 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)

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)

NARC AMAR  
(Typed or printed name of person signing)

President  
(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35

## 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: AMAR & Co

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:

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

10000 W Bay Harbor Dr #205  
Bay Harbor, FL 33154  

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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.

Liza AMAR.

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**