P03000106461

(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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Complete SEP 0 2 2004

TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Fernandez & Chonillo, P.A.
SUBJECT: Terrandez & Onormo, F.A.
DOCUMENT NUMBER: P03000106461
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lauren Fernandez, Esquire
(Name of Person)
Lauren Fernandez, P.A.
(Name of Firm/Company)
742 NW 12 Avenue
(Address)
Miami, Florida 33136
(City/State/and Zip Code)
For further information concerning this matter, please call:
Lauren Fernandez, Esquire at (305) 324-0080
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee □ \$43.75 Filing Fee □ \$52.50 Filing Fee, Certificate of Status
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit coron:	poration submits th	ne following articles
			S SA
FIRST:	The name of the corporation as currently filed with the	e Department of Si	
	Fernandez & Chonillo, P.A.		FILED 30 PH 1ARY OF IASSEE!
SECOND:	The document number of the corporation (if known):	P03000106461	ED PN 2: 43 Of STATE
THIRD:	The date dissolution was authorized: 06/30/2004		_ 美冠
	Effective date of dissolution <u>if applicable:</u> 07/01/2004 (no more than	n 90 days after dissolution	on file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The was sufficient for approval.	e number of votes	cast for dissolution
	☐ Dissolution was approved by of the shareholders the	arough voting grou	ıps.
	The following statement must be separately provid vote separately on the plan to dissolve:	ed for each voting	group entitled to
	The number of votes cast for dissolution was suffic	cient for approval l	ру
	(voting group)		
	Signed this 23rd day of August		.
C: 4			
Signat	(By a director, president or other officer, if directors or officers have	not been selected, by ar	i neorporator -
	if in the hands of a receiver, trustee, or other court appointed fiduciar	y, by that fiduciary)	
	Lauren Fernandez, Esquire		
	(Typed or printed name of person signing))	
	. Disease.		
	Director (Title of person signing)		

Filing Fee: \$35