P03000115422

(Requestor's Name)
(Address)
(Address)
(Hadioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent Humber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediations to 1 ming emicer.

Office Use Only



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SECRETARY EF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: ARTICLES OF DISSOLUTION	١
DOCUMENT NUMBER: P03000115422	
The enclosed Articles of Dissolution and fee are subr	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
MAYRA PEREZ	
(Name of Contact Pe	rson)
MY FAMILY LEARNING CENTERS, IN	C
(Firm/Company	y)
1360 KASIM STREET	
(Address)	
OPA LOCKA FL 33054	
(City/State and Zip	Code)
For further information concerning this matter, please	cail:
MAYRA PEREZ at (_	954) 239-0300
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifie	nal copy is Certified Copy
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

ARTICLES OF DISSOLUTION

MIL DEC 28 PM 4: 43

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following to articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	MY FAMILY LEARNING CENTERS, INC.
SECOND:	The document number of the corporation (if known): P03000115422
ΓHIRD:	The file date of the articles of incorporation: 10/16/2003
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.
	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.
Signa	Ature: (By a director, president or other officer - indirectors 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.)
	MAYRA PEREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

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: MY FAMILY LEARNING CENTERS, INC.

The majo	rity members of The Board of Directors decided the dissolution of
My Fami	y Leaning Center, Inc. due to financial issues and rental
disagree	nent with the landlord who did not want to renew the lease.
. <u> </u>	
Mailing addre	ss where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Mailing addre	ss where claims can be sent: (Claims cannot be sent to the Division of Corporations) ATTN: MAYRA PEREZ or
Mailing addre	
Mailing addre	ATTN: MAYRA PEREZ or
Mailing addre	ATTN: MAYRA PEREZ or DARIO POLANCO

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

MAYRA PEREZ

Printed Name of the Person Filing