P03000123470

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.		
, (Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SCONETARY OF STAIL ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations	•	
SUBJECT: EL RINCON DE ROBERT	O, INC.	
DOCUMENT NUMBER: P03000123470		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ROBERTO OSORIO (Name of Contact Pe	rson)	
(Firm/Company	y)	
11638 PURPLE LILAC CIRCLE		
ORLANDO, FL 32837 (City/State and Zip		
For further information concerning this matter, please ROBERTO OSORIO at (407) 702-8002	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status Certifie	onal 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

ARTICLES OF DISSOLUTION

Pursuant to sarticles of di	section 607.1401, Florida Statutes, this Florida profit corporation submits the following solution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	EL RINCON DE ROBERTO, INC.
SECOND:	The document number of the corporation (if known): P03000123470
THIRD:	The file date of the articles of incorporation: 10/31/03
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.
Sign	ature: (By a discolor provident or other officer - if directors or officers have not been selected, by an incorporator - if
	in the same of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	ROBERTO OSORIO (Typed or printed name of person signing)
	PRESIDENT (Title of Person Signing)

Filing Fee: \$35