## P03000140797

| (Re                      | questor's Name)   |           |  |
|--------------------------|-------------------|-----------|--|
|                          |                   |           |  |
| (Ad                      | dress)            |           |  |
|                          |                   |           |  |
| (Ad                      | dress)            |           |  |
|                          |                   |           |  |
| (City/State/Zip/Phone #) |                   |           |  |
| PICK-UP                  | ☐ WAIT            | MAIL      |  |
|                          |                   |           |  |
| (Bu                      | siness Entity Nan | ne)       |  |
|                          |                   |           |  |
| (Do                      | cument Number)    |           |  |
| Certified Copies         | _ Certificates    | of Status |  |
| Special Instructions to  | Filing Officer:   |           |  |
|                          |                   |           |  |
|                          |                   |           |  |
|                          |                   |           |  |
|                          |                   |           |  |
|                          |                   |           |  |
|                          |                   |           |  |

Office Use Only



500042888615

12/115/114--111151--018 \*\*\*43.75

Voldis Wpofice



## TRANSMITTAL LETTER

| Division of Corporations   |
|--|
| SUBJECT: Mi Rosal Beauty Salon, INC.   |
| DOCUMENT NUMBER: P03000140797  |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Magna Huerta   |
| (Name of Person)   |
| (Name of Firm/Company)   |
| 5461 West 24th Ave. Apt.#52  |
| (Address)<br>Hialeah, FL 33016   |
| (City/State/and Zip Code)  |
| For further information concerning this matter, please call:   |
| MoGNO Hourts at (305) 698-7942  (Name of Person) (Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| □ \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) |
| 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 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 Department of State:   |
|----------|--|
|          | Mi Rosal Beauty Salon, INC.  |
| SECOND:  | The document number of the corporation (if known): P03000140797  |
| THIRD:   | The file date of the articles of incorporation was: December 01, 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.   |
| 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.  |
|          | Signed this 1st day of DECEARSTR 2004.   |
| 6.       | Matte  |
| Signatu  | (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.) |
|          | MAGNA HUERTH (Typed or printed name of person signing)   |
|          | (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 claim | ims |
|--|-----|
| 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                             | Mi Rosal Beauty Salon, INC.  |  |
|---|--|--|
| Date of dissolution v<br>specified in the Artic | vill be the date the dissolution is filed with the Department of State or as teles of Dissolution.                         |  |
| Description of inform                           | nation that must be included in a claim:   |  |
| Δυ  | gust 30th, 2004.   |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Mailing address who                             | ere claims can be sent: (Claims cannot be sent to the Division of Corporations)  |  |
|   | 5461 West 24th Ave. Apt.#52  |  |
|   | Hialeah, FL 33016  |  |
|   |  |  |
|   |  |  |
|   | above named corporation will be barred unless a proceeding to enforce the claim a 4 years after the filing of this notice. |  |
| MA  | ENA HVERTA MAH   |  |
| ▼ Printed                                       | Name of the Person Filing Signature of the Person Filing   |  |