## P03000143849

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
SUBJECT: Arrow A/C & Refrigeration, Inc.			
DOCUMENT NUMBER: P03000	0143849		
The enclosed Articles of Dissolution and	fee are submitted for filing.		
Please return all correspondence concerning	-		
Jose M. Rodriguez			
<del></del>	Contact Person)		
Arrow A/C & Refrigerat	ion, Inc.		
(Firm/Company)			
5640 Tughill Drive			
(Address)			
Tampa, FL 33624			
(City/Sta	ate and Zip Code)		
For further information concerning this ma	atter, please call:		
Lidia Rodriguez	at (813 ) 810-1653		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amou	unt:		
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee FI 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following article of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: Arrow A/C & Refrigeration, Inc. The document number of the corporation (if known): P03000143849 SECOND: The date dissolution was authorized: 8-15-14THIRD: Effective date of dissolution if applicable: 9-30-14

(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) that fiduciary) Jose M. Rodriguez (Typed or printed name of person signing) President

Filing Fee: \$35

(Title of person signing)

## 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: Arrow A/C & Refrigeration, Inc. 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: Name, company name, date, contact address, phone # Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Jose M. Rodriguez 5640 Tughill Drive Tampa, FL 33624 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. Signature of the Person Filing Jose M. Rodriguez Printed Name of the Person Filing

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