

P03000144551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

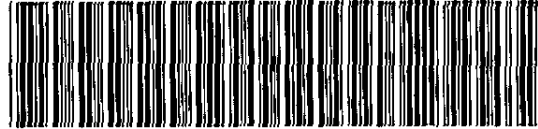
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500054894685

FILED

05 MAY 26 AM 8:56

TALLAHASSEE, FLORIDA

05/26/05--01023--013 **43.75

AK Vol.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: P03 000144551

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATIUSKA SALAZAR
(Name of Person)

Dellizar Corporation
(Name of Firm/Company)

8700 Southside Blvd Apto # 2005
(Address)

Jacksonville Florida 32256
(City/State/and Zip Code)

For further information concerning this matter, please call:

KATIUSKA SALAZAR at (904) 200-2643
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 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
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, 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 the Florida Department of State:

Dellizer Corporation

SECOND: The document number of the corporation (if known): P0300014455

THIRD: The file date the articles of incorporation: 12-3-03

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.

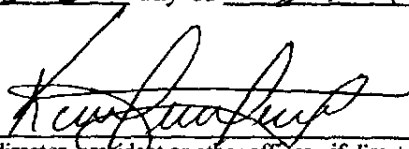
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 28 day of April, 2005

Signature: 

(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.)

KATUSKA SALAZAR

(Typed or printed name of person signing)

Vice-President

(Title of person signing)

FILED
MAY 26 AM 8:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Dellizz Corporation

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:

the company was dissolved
due to not producing any income
the majority of directors authorized the
dissolution on April 26, 2005.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Amendment Section 8700 Southside
Division of Corporations Blvd Jacksonville
P.O. Box 6327 Florida 32256
Tallahassee Florida 32314 Apt #2005

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.

KATUSKA SAUNDERS
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing