

P03000150719

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

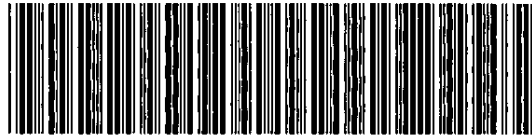
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400109359024

09/17/07--01021--024 \*\*35.00

VD

FILED  
07 OCT 24 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts OCT 25 2007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2007

VANESSA KUZMIN  
LIBOFA CORPORATION  
14632 SW 110 ST  
MIAMI, FL 33186

SUBJECT: LIBOFA CORPORATION  
Ref. Number: P03000150719

We have received your document for LIBOFA CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Document Specialist

Letter Number: 807A00055757

RECEIVED  
2007 OCT 24 AM 8:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Libofa Corporation

**DOCUMENT NUMBER:** P03000150719

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

Please return all correspondence concerning this matter to the following:

Vanessa Kuzmin

(Name of Contact Person)

Libofa Corporation

(Firm/Company)

14632 SW 110 St

(Address)

Miami, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Vanessa Kuzmin

(Name of Contact Person)

at ( 305 ) 382-1757

(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, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

Libofa Corporation

SECOND: The document number of the corporation (if known): P03000150719

THIRD: The date dissolution was authorized: 09/15/2007

Effective date of dissolution if applicable: 09/30/2007

(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)

Signature: Otto F. Ambrosiani

(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)

Otto F. Ambrosiani

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

FILED  
07 OCT 24 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA