

P04000002725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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05 JAN 24 AM 11:06
TALLAHASSEE, FLORIDA

01/23/2004 11:06 AM

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: FD4000002725

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

Please return all correspondence concerning this matter to the following:

MILAGROS SUAREZ
(Name of Person)

MILLIE'S CHECK CASHING, INC.
(Name of Firm/Company)

3540 NW 17 AVE
(Address)

Mia, FL 33142
(City/State/and Zip Code)

For further information concerning this matter, please call:

MILAGROS SUAREZ at (786) 229-7782
(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 Department of State:

MILLIE'S CHECK CASHING, INC.

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

P 0400000 2725

THIRD: The file date of the articles of incorporation was:

1-2-04

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 2 day of JANUARY, 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.)

MILLIE'S CHECK CASHING, INC.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35

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: MILLIE'S Check CASHING

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*. 1-1-2005

Description of information that must be included in a claim:

JANUARY 1st, 2005

N/A

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

N/A

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.

MILAGROS SUAREZ
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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

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05 JAN 24 PM 11:06
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA