P04000050487

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
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T. ROBERTS

DEC 1 1 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2012

STEPHEN ZALKA, CPA P O BOX 8605 CORAL SPRINGS, FL 33075

SUBJECT: HACIENDA ILUSION, INC.

Ref. Number: P04000050487

We have received your document for HACIENDA ILUSION, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Tina Roberts Regulatory Specialist II

Letter Number: 612A00024685

RECEIVED

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BUNSON OF CONFUNDATION

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Hacianda	wia, INC.
DOCUMENT NUMBER: P0400	0050487
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Steplen Zal	ontact Person)
(Firm/	Company)
(Add	and Zip Code)
For further information concerning this matter	er, please call:
(Name of Contact Person)	at (<u>95H</u>) <u>91H-H73</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	:
Certificate of Status	\$43.75 Filing Fee & \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
MANTING ADDRESS: Amendment Section	STREET ADDRESS:
MAILING ADDRESS: Amendment Section Division of Corporations P:O;Box 6327 Tallahassee, FL 32314	Amendment Section
Division of Corporations PiO: Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
🔽 👅 jii ji	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:
	Haciarla Thura, Inc
SECOND:	The document number of the corporation (if known)
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (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
	Hacieolae Thisa, Tro
	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)
	(Typed or printed name of person signing)
	(Title of rerson signing)

Filing Fee: \$35