## P04000053095

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## **COVER LETTER**

PO: Amendment Section Division of Corporations		
SUBJECT: HDL Group, Inc.	· ·	
DOCUMENT NUMBER: P0400053095		
The enclosed Articles of Dissolution and fee are submitted	for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Hermelinda Jimenez		
(Name of Contact Person)		
HDL Group, Inc.		
(Firm/Company)		
P.O. Box 398411		
(Address)		
Miami Beach, FL 33139		
(City/State and Zip Code)	1	
For further information concerning this matter, please call:		
Hermelinda Jimenez at ( 786 (Area	271-2694 Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$43.75 Filing Fee \$\$ \$43.75 Filing Certificate of Status Certified Copy (Additional copy 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:	he name of the corporation as currently filed with the Florida Department of State:		
	HDL Group, Inc.		
SECOND:			
THIRD:	The date dissolution was authorized: 03/31/2011		
	Effective date of dissolution if applicable: 03/31/2011  (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:		
	(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)		
	Hermelinda Jimenez		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35