## P0400053452

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** SUBJECT: DISSOLUTION OF BOZA SERVICES INC **DOCUMENT NUMBER: PO4000053452** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE C BOZA (Name of Contact Person) BOZA SERVICES, INC. (Firm/Company) 6622 SW 157 CT (Address) MIAMI, FLORIDA 33193. (City/State and Zip Code) For further information concerning this matter, please call: JOSE C BOZA at (305 ) 387-5658 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF DISSOLUTION.

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation arbitration articles on:  2014 JAN 21 PM 2: 21		
FIRST:			
	The name of the corporation as currently filed with the Florida Department of State:  BOZA SERVICES INC.		
SECOND:	The document number of the corporation (if known): PO4000053452		
THIRD:	The date dissolution was authorized: DEC. 31st 2013.		
	Effective date of dissolution if applicable: DEC 31st 2013		
	(no more than 90 days after dissolution file date)		
FOURTH:	TH: 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)		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

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: BOZA SERVICES, INC. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6622 SW 157 CT. MIAMI. FL 33193 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.

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

JOSE C BOZA

Printed Name of the Person Filing