P04000118143

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
(Doddinent Intriber)	/
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	٦

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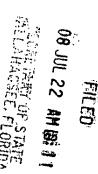


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TO: Amendment Section

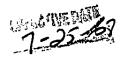
Tallahassee, FL 32314

Division of Corporations
SUBJECT: Calbareda, ROSSO, Malye, P.A. Dissolut
DOCUMENT NUMBER: <u>DO4000118143</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adelaida A. Albareda (Name of Contact Person)
(Firm/Company)
330 S.W. 27th Ave, 5wite 200
Miami FC 38135 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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:
	albareda Rosso Marye P.A.
SECOND:	The document number of the corporation (if known): POHOOUS 18143
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable:
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolute 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 of solution of the control o
	(Typed or printed name of person signing)
	Shoreholder-Director (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: Olbareda, Rosso, Malue P.A.

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:

Claimant Name and address.	
claim amount.	
Detailed description of daim. Original date of debt/claim.	
original date of debt/claim.	
J	-

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

_ 330 SW. 27" Ave	
Suite 202	
miami, FC 33135	

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.

Adelaida A. Albarecto

Signature of the Person Filing

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