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2008 JUN 11 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**GIUDICELLI, INC.**



♦ P.O. Box 1968 ♦ LAKELAND, FLORIDA 33802 ♦ (863) 738-5938 ♦

**Cover Letter**

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

**Subject:** Corporation Dissolution

**Document Number:** P04000121120

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

Please return all correspondence concerning this matter to the following:

Luis A. Giudicelli

P.O. Box 1968

Lakeland, FL 33802-1968

For further information concerning this matter, please call:

Luis A. Giudicelli, at (863) 738-5938

Enclosed is a check for the following amount: \$43.75 Filing Fee & Certificate of Status.

Luis A. Giudicelli  
Person Filing

**GIUDICELLI, INC.**



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**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: Giudicelli, Inc.
- SECOND: The document number of the corporation: P04000121120.
- THIRD: The file date of the articles of incorporation: August 20, 2004.
- FOURTH: The date dissolution was authorized: May 20, 2008.
- FIFTH: Adoption of Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Signature: \_\_\_\_\_

Luis A. Giudicelli

President

# GIUDICELLI, INC.



♦ P.O. Box 1968 ♦ LAKE LAND, FLORIDA 33802 ♦ (863) 738-5938 ♦

## 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 filling a voluntary dissolution.

Name of corporation: Giudicelli, Inc.

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

Description of information that must be included in claim:

Name of Claiming Company/Individual

Address of Company/Individual

Contact name and phone number

Account Number

Claim Description

Mailing address where claims can be sent:

Attn. Luis A. Giudicelli

P.O. Box 1968

Lakeland, FL 33802

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.

Luis A. Giudicelli

Printing Name of the Person Filing

Signature of the Person Filing