

P04000123001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

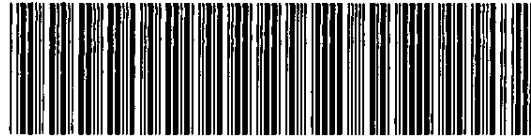
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss.

TBrown 4-14-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Armandeus Coconut Grove, Corp.

**DOCUMENT NUMBER:** P04000123001

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

Please return all correspondence concerning this matter to the following:

Mary Pierluissi  
(Name of Contact Person)

MPE Consulting, corp.  
(Firm/ Company)

2700 Glades Circle Ste 128  
(Address)

Weston, FL 33317  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Pierluissi at (786) 4872340  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

## 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:

Armandeus Cocnut Grove, Corp

SECOND: The document number of the corporation (if known): P04000123001

THIRD: The date dissolution was authorized: 12/31/2010

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

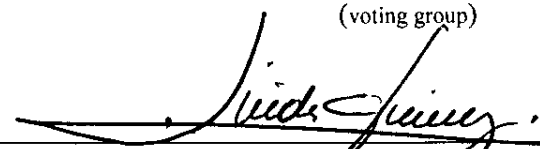
FOURTH: Adoption of Dissolution (CHECK ONE)

☒ 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

\_\_\_\_\_  
(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 receive, 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**

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