

P04000134030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

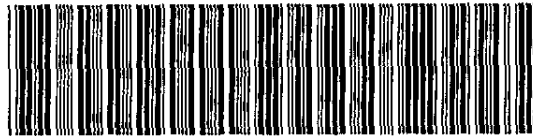
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/12/05--01063--023 **35.00

FILED
05 JUL 12 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS.
98

May 20, 2005

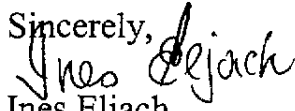
Division of Corporation:

My name is Ines Eljach. I am the president of the corporation Indar Installation, Inc., located at 7315 Harding Avenue, # 7, Miami Beach, Florida 33144.

I would like to dissolve my company as soon as possible.

If you want to contact me, my new address is 230 NW 87th Avenue, # 1102, Miami, Florida, 33172.

My phone is (305)726-9086

Sincerely,

Ines Eljach

RECEIVED

MAY 11:57

CORPORATION



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 26, 2005

Ines Eljach
Indar Installation, Inc.
7315 Harding Avenue, #7
Miami Beach, FL 33144

SUBJECT: INDAR INSTALLATION, INC
Ref. Number: P04000134030

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 905A00037874

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05 JUL 12 AM 8:00

DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INDAR INSTALLATION, INC

DOCUMENT NUMBER: PO4000134030

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

Please return all correspondence concerning this matter to the following:

INES ELJACH

(Name of Person)

INDAR INSTALLATION, INC

(Name of Firm/Company)

(Address)

230 NW 87TH AV #102 MIAMI FL, 33172

(City/State/and Zip Code)

For further information concerning this matter, please call:

INES ELJACH

(Name of Person)

at (305) 726 9086

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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:

INDAR INSTALLATION, INC

SECOND: The document number of the corporation (if known): P 04000134030

THIRD: The date dissolution was authorized: MAY 18 - 05

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 of 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

(voting group)

Signed this July day of 8, 2005.

Signature: Ines Eljach

(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)

INES ELJACH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE FLORIDA