## P04000137000

•		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e #}
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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CORETARY OF STATE
OALLAHASSEE, FLORIDA

T. Roberts MAY 15 2006



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2006

LENA DE LA HOZ GOLDSARIAN CORP 17960 SW 32 ST MIRAMAR, FL 33029-5605

SUBJECT: GOLDSARIAN, CORP. Ref. Number: P04000137000

We have received your document for GOLDSARIAN, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Document Specialist

Letter Number: 306A00029661

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: GOLDSARIAN CORP
DOCUMENT NUMBER: P04000137000
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LENA DE LA HOZ
(Name of Contact Person)
GOLDSARIAN CORP
(Firm/Company)
17960 SW 32 ST
(Address)
MIRAMAR FL 33029-5605
(City/State and Zip Code)
For further information concerning this matter, please call:
LENA DE LA HOZ at ( 954 ) 534-3322
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy  (Additional copy is enclosed)  (Additional copy is enclosed)
MAILING ADDRESS:  Amendment Section  Division of Corporations  STREET ADDRESS:  Amendment Section  Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the fo on:	llowing artic	les		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:  GOLDSARIAN CORP,				
SECOND:	The document number of the corporation (if known): P04000137000				
THIRD:	The date dissolution was authorized: 4/19/2006				
	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 was sufficient for approval.	for dissolutio	n		
	☐ Dissolution was approved by of the shareholders through voting groups.	25.06			
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	SECRETARY OF ALLINATION ALLINATIO	i.		
	The number of votes cast for dissolution was sufficient for approval by	Y OF STATE	64 :8 MA		
	(voting group)	<b>P</b>			
	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)				
	LENA DE LA HOZ				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Filing Fee: \$35

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