

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
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FEB 24 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF CAROL I TINTERIORS
DOCUMENT NUMBER: PO 4000148112
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CAROL THALER.
(Name of Contact Person)
CAROL I TNTERIORS (Firm/Company)
(Firm/Company)
6036 SOUTHAMPTON SQ. N. (Address)
(1144.000)
PALM BEACH GARDENS FLORIDA 33418 (City/State and Zip Code)
For further information concerning this matter, please call:
<u>Jarol Flales</u> at (<u>561</u>) <u>707-1089</u> (Name of Contact Person) (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 & Certificate of Status
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:		
	CAROL I INTERIORS		
SECOND:	The document number of the corporation (if known): PO 400014 8	2//=	Z
THIRD:	The document number of the corporation (if known): $PO 400014 8$ The file date of the articles of incorporation: $10-27-04$.		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.	ed	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	and page	17
	☐ A majority of the incorporators authorized the dissolution.		
	☐ A majority of the directors authorized the dissolution.	Section 1	- RS - E3
		्र क जि क्	3:31
Sign	ature: Carol Maler		
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orator - if	
	CAROL THALER. (Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
	PRESIDENT (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: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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