## P05000002819

(F	Requestor's Name)	
(μ	ddress)	
	Address)	
(0	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	Business Entity Name)	
	· ·	
(0	Ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		



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SECRETARY OF STATE DIVISION OF DERPORATION

Office Use Only

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: P05000002819
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DOMINIC TUFARIELLO
(Name of Contact Person)
LA DOCE L INC.
(Firm/Company)
17092 SE 75TH WICKSON CT
(Address)
THE VILLAGES, FL 32162
(City/State and Zip Code)
For further information concerning this matter, please call:
DOMINIC TUFARIELLO at (352 ) 391-5545
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
■ \$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section  Division of Comparations  STREET ADDRESS: Amendment Section
Division of Corporations  P.O. Box 6327  Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## 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 SLA DOCE L, INC.	State:	
SECOND:	The document number of the corporation (if known): P0500002819		
THIRD:	7/31/2013		
	Effective date of dissolution if applicable: 11/7/2013  (no more than 90 days after dissolution file)	le date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution	
	☐ Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	titled	
	The number of votes cast for dissolution was sufficient for approval by	·	
	(voting group)	\$ SEC	
	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, frustee, or other court appointed fiduciary, by that fiduciary)	SECRETARY OF STATE OF STATE OF CORPORATION OF CORPORATION	
	DOMINIC TUFARIELLO		
	(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: LA DOCE L INC.

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:

NAME AND ADDRESS OF CLAIMANT	
DATE OF CLAIM	
AMOUNT OF CLAIM	
NATURE OF CLAIM	

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

17092 SE 75TH WICKSON CT	
THE VILLAGES, FL 32162	

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.

DOMINIC TUFARIELLO

Printed Name of the Person Filing

Signature of the reison rining

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