P0500024890

(Re	equestor's Name)	
		•
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: Dissolution of a Florida Profit Corporation				
DOCUMENT NUMBER: P05000024890				
The enclosed Articles of Dissolution and f	ee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Demetr	ri Boosalis			
(Name of Contact Person)				
Boosalis Tax & Accounting Services				
(Firm/Company)				
1301 S. Howard Avenue #B24				
(A	ddress)			
Tamp	oa, FI 33606			
(City/Sta	te and Zip Code)			
For further information concerning this mat	tter, please call:			
Demetri Boosalis	at (813) 340-3896			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amou	nt:			
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 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 State:				
	Kazander, Inc.				
SECOND:	The document number of the corporation (if known): P05000024890				
THIRD:	The date dissolution was authorized: 12/31/09				
	Effective date of dissolution if applicable: 12/31/09 (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 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 receiver, trustee, or other court appointed fiduciary, by that fiduciary)				
	Ahmad Kazbour				
	(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:_	Kazar	nder, Inc.	
Date of dissolution will specified in the Article.	be the date the dissolut s of Dissolution.	ion is filed with the De	epartment of State or as
Description of informa	tion that must be include	ed in a claim:	
Name and addr	ess of claimant.	Amount of cla	im and reason for filing claim.
Mailing address where	claims can be sent: (Cla	ims cannot be sent to	the Division of Corporations)
	Deme	etri Boosalis	
	1301 S.	Howard Ave #E	324
	Tam	pa, Fl 33606	
A claim against the about within 4 years after the		vill be barred unless a	proceeding to enforce the claim is commenced
			// /
Ah	mad Kazbour		N K
Printo	ed Name of the Person Filing		Signature of the Person Filing