## 5000056693

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT .	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Dissolution w/ Notice

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION TO DISSOLVE O Florida Profit Comp.
DOCUMENT NUMBER: <u>P0500056693</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANGE DE POZO (Name of Contact Person)
Del Pozo Carpentry INC (Firm/Company)
8342 Dry Creek Dr (Address)  Tampa, Fl 33615 (City/State and Zip Code)
Tampa, Fl 33615 (City/State and Zip Code)
For further information concerning this matter, please call:
Angel del pozo at (8/3) (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 (Additional copy is enclosed)  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 607.1401, 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:
	Del pozo Carpentry INC
SECOND:	The document number of the corporation (if known): PO5000056693
THIRD:	The file date of the articles of incorporation: 4/11/2005
FOURTH:	(CHECK AT LEAST ONE BOX)
	(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.
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signa	(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.)
	Tel Pozo ANGEL (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: Del Pozo Corpentry 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:

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there	ÌS	No	(e) C	orle	lately	•	
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

8342	Dry Cr	eek br	au
Tampa	FZ	33615	
•			•

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.

Angu Del pozo
Printed Name of the Person Filing

Signature of the Person Filing

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