

PD5000080/22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

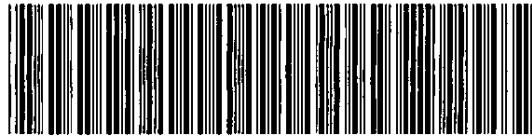
(Business Entity Name)

(Document Number)

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02/05/10--01002--003 \*\*10.00

01/15/10--01010--012 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 FEB -4 P 1:00

FILED

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*2-5-10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Michael T. Perri Inc

**DOCUMENT NUMBER:** P05000080/22

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael T. Perri  
(Name of Contact Person)

Michael T Perri Inc  
(Firm/Company)

1600 SE 15<sup>th</sup> ST #615  
(Address)

Ft. Lauderdale FL 33316  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Perri at ( 954 ) 608-1153  
(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 & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

*1023 Already Issued*  
*10 Extra*  
*Enclosed as per Cover Letter*

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2010

MICHAEL T. PERRI  
MICHAEL T. PERRI, INC.  
1600 SE 15TH ST #615  
FT. LAUDERDALE, FL 33316

SUBJECT: MICHAEL T. PERRI, INC.  
Ref. Number: P05000080122

We have received your document for MICHAEL T. PERRI, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 710A00001531

## 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:

Michael T. Perri, Inc.

SECOND: The document number of the corporation (if known):

P05000080122

THIRD: The file date of the articles of incorporation:

6/2/2005

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 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.

Signature:

Michael T. Perri

(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.)

Michael T. Perri

(Typed or printed name of person signing)

President

(Title of Person Signing)

2005 FEB -4 P 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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: Michael T. Perri 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:

12/24/2009 IS DATE OF DISSOLUTION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

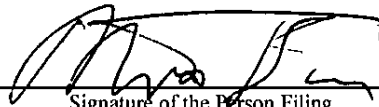
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1600 SE 15th ST #615  
Ft. Lauderdale FL 33316  
\_\_\_\_\_  
\_\_\_\_\_

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.

Michael T. Perri

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**