## P05000081763

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** PARL INC SUBJECT: " P05000081763 DOCUMENT NUMBER: The enclosed **Articles of Dissolution** and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANTONIO COLANDREA (Name of Contact Person) (Firm/Company) 7150 119TH STREET (Address) SEMINOLE, FL 33772 (City/State and Zip Code) For further information concerning this matter, please call: ANTONIO COLANDREA (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **Street Address:** Mailing Address: Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## 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 PARI, INC	State:	
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution of the listed as the document's effective date on the Department of State's records.		te will
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this the articles of incorporation.	chapter a	nd
		2070 JUN 29	<b>3</b>
5	Signature:  (By a director, president or other officer it directors or officers have not been selected, by	PM 6: 43	
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	ANTONIO COLADREA ALTO RIO COLLUDA EA (Typed or printed name of person signing)		
	PRESIDENT (Title of a very a depile)		
	(Title of person signing)		

Filing Fee: \$35