## 205000095058

(Re	equestor's Name)	
(Ad	idress)	
(Address)		
(Cil	ty/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies		
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Diss/notice

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: A & L ARCILA SERVICES	INC - DISSOLUTION
DOCUMENT NUMBER: P05000095058	
The enclosed Articles of Dissolution and fee an	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
LUIS ARC	CILA
(Name of Cont	act Person)
A & L ARCILA SE	ERVICES INC
(Firm/Co	mpany)
4043 LAKE TAHOE CIRC	
(Addre	ss)
WEST PALM BEA	CH - FL 33409
(City/State ar	
For further information concerning this matter,	please call:
LUIS ARCILA	at (_561) 602-7738
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(A	43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, ertified Copy Additional copy is enclosed) \$\sum \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	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:	
	A & L ARCILA SERVICES INC	
SECOND:	The document number of the corporation (if known): P05000095058	
THIRD:	The file date the articles of incorporation: 07-06-2005	
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.	
Sign	ature: Water	
	(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.)	
	LUIS ARCILA	
	(Typed or printed name of person signing)	
	VICEPRESIDENT	
	(Title of Person Signing)	

Filing Fee: \$35

DIVISION OF CORPORATION OF CORPORATI

## Notice of Corporate Dissolution

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: A & L ARCILA SERVICES INC		
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .		
Description of information that must be included in a claim:		
THE FACT THAT ALL DEBITS, OBLIGATIONS AND LIABILITIES OF THE CORPORATION		
HAVE BEEN PAID OR DISCHARGED, OR THAT ADEQUATE PROVISION HAS BEEN MADE		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)		
4043 LAKE TAHOE CIRC - WEST PALM BEACH, FL 33409		
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.		
Luis & Arcila Nuis Drita.		
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