## P05000105675

ů.	
(Reques	stor's Name)
(Addres	s)
(Addres	s)
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer.

Office Use Only



600068617976

03/24/06--01032--007 \*\*43.75

DIVISION OF CORPORATIONS
OF APR 14 PM 3: 48

Dissolution
W/Notice
04/14/06
De

## **COVER LETTER**

TO: Amendment Section

Division of Corporations **SUBJECT: DISSOLUTION OF CORPORATION** DOCUMENT NUMBER: P05000105675 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RODOLFO MOMPIE (Name of Contact Person) LIBERTY USA PAINTING, INC (Firm/Company) 3073 SW 52 WAY (Address) **DAVIE. FL 33314** (City/State and Zip Code) For further information concerning this matter, please call: at (754 RODOLFO MOMPIE 423-1254 (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 & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301



April 4, 2006

RODOLFO MOMPIE LIBERTY USA PAINTING, INC. 3073 SW 52 WAY DAVIE, FL 33314

SUBJECT: LIBERTY USA PAINTING, INC.

Ref. Number: P05000105675

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please indicate the name(s) of each voting group(s) entitled to vote on the amendment.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6906.

Darlene Connell Document Specialist

Letter Number: 406A00022597



## 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 St	tate:	
	LIBERTY USA PAINTING, INC.		
SECOND:	The document number of the corporation (if known): P05000105675	· · ·	٠.
THIRD:	The date dissolution was authorized: MARCH 13, 2006		_
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file	date)	, i
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	dissolution	
	Dissolution was approved by of the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entit to vote separately on the plan to dissolve:	tled	
	The number of votes east for dissolution was sufficient for approval by	SECF DIVISIO	
	RODOLFO_MOMPIE(voting group)	SECRETARY OF STATI	
\$	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	PORATIONS W 3: 48	
	that fiduciary)		
	RODOLFO MOMPIE		
	(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: LIBERTY USA PAINTING, 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: NOT PROFIT Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 3073 SW 52 WAY **DAVIE, FL 33314** 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. RODOLFO MOMPIE Printed Name of the Person Filing