

P05000106727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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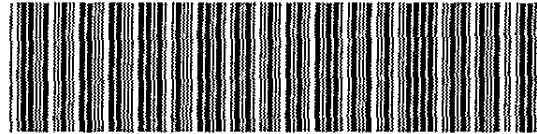
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cali Si Usa, Inc

DOCUMENT NUMBER: P05000106727

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

Please return all correspondence concerning this matter to the following:

Luis Paz

(Name of Contact Person)

Cali Si Usa, Inc

(Firm/Company)

900 NE 12th Avenue Apt 302

(Address)

Hallandale, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Paz

(Name of Contact Person)

at (954) 243.3365

(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)

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

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FIRST: The name of the corporation as currently filed with the Florida Department of State:

(no more than 90 days after dissolution file date)

(voting group)

(Title of person signing)

Filing Fee: \$35