P05000137251

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COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

SUBJECT: CLOSING OF THE CORPORATION
DOCUMENT NUMBER: P05000137251
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CAMILLI, TONINO
(Name of Contact Person)
T. CAMILLI CORPORATION
(Firm/Company)
10445 SW 42 TERRACE
(Address)
MIAMI FLORIDA 33165
(City/State and Zip Code)
For further information concerning this matter, please call:
CAMILLI, TONINO at (786) 3329985
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



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 State:
	T. CAMILLI CORPORATION
SECOND:	The document number of the corporation (if known): P05000137251
THIRD:	The date dissolution was authorized: 02/27/2012
	Effective date of dissolution if applicable: 02/27/2012 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	100
	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 that fiduciary)
	CAMILLI, TONINO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35