

P0500042361

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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16 MAR -1 PM 5:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*UPDOWN*

MAR 02 2016

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2016

PINEIRO MIGUEL  
1793 W 37TH ST STE #6  
HIALEAH, FL 33012

SUBJECT: MICAR INVESTMENTS CORPORATION  
Ref. Number: P05000142367

We have received your document for MICAR INVESTMENTS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

The total amount due is \$52.50.

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 116A00002588

RECEIVED

16 FEB - 1 PM 2:55

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORPORATE DISSOLUTION

**DOCUMENT NUMBER:** P05000142367

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

Please return all correspondence concerning this matter to the following:

**MIGUEL PINEIRO**

(Name of Contact Person)

**MICAR INVESTMENTS CORPORATION**

(Firm/Company)

**1793 W 37TH STREET SUITE #6**

(Address)

**HIALEAH, FL 33012**

(City/State and Zip Code)

For further information concerning this matter, please call:

**CARMEN MARIA PINEIRO** at **(786)** **200-0870**

(Name of Contact Person)

(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

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

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

**MICAR INVESTMENTS CORPORATION**

SECOND: The document number of the corporation (if known): **P05000142367**

THIRD: The file date of the articles of incorporation: **10/19/2005**

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

- ☐ The dissolution was authorized by a majority of the directors:  
OR
- ☒ The dissolution was authorized by an incorporator.
- ☐ The dissolution was authorized by a majority of the incorporators.

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Signature: 

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

**MIGUEL PINEIRO**

(Typed or printed name of person signing)

**REGISTERED AGENT**

(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. 617.1407, F.S.*

*This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.*

Name of Corporation: **MICAR INVESTMENTS CORPORATION**

*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:*

**DISSOLUTION OF COMPANY**

*Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)*

**1793 W 37TH STREET SUITE #6**  
**HIALEAH, FL 33012**

*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.*

**miguel Piñeiro**  
*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***