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(Requ	estor's Name)	
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(City/s	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)	
	/	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Fili	ing Officer:	

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: Dissolve a Florida Corporation DOCUMENT NUMBER: PO5000148067 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amalia Gonzalez (Name of Contact Person) (Firm/Company) 9101 Silver Glen Wav (Address) Lake Worth. FL 33467 (City/State and Zip Code) Free Language St. Jan. For further information concerning this matter, please call: 4471.4 Amalia Gonzalez (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is **Certified Copy** enclosed) (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:	ST: The name of the corporation as currently filed with the Florida Department of State:	
	Piluar, Inc.	
SECOND:	The document number of the corporation (if known): PO5000148067	
THIRD:	The file date of the articles of incorporation: 11/07/2005	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business. No debt of the corporation remains unpaid.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	No debt of the corporation remains unpaid. 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: ature: ature	
5.61.	(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.)	
	Amalia Gonzalez (Typed or printed name of person signing)	
	Director (Title of Person Signing)	
Sign	Amalia Gonzalez (Typed or printed name 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: Piluar, 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 9101 Silver Glen Way Lake Worth, FL 33467 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. Amalia Gonzalez

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Printed Name of the Person Filing