## P05000/55002

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

## **COVER LETTER**

**FTO:** Amendment Section **Division of Corporations** SUBJECT: DISSOLUTION OF VILAR CORPORATION DOCUMENT NUMBER: PO5000155002 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VINICIO LARIOS (Name of Contact Person) VILAR CORPORATION (Firm/Company) 1035 NW 32 AVE (Address) MIAMI, FL 33125 (City/State and Zip Code) For further information concerning this matter, please call: VINICIO LARIOS (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee \( \big| \\$43.75 \) Filing Fee & \( \Big| \\$43.75 \) 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** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Departm	nent of St	tate:	
	VILAR CORPORATION			
SECOND:	The document number of the corporation (if known): PO5000155002			
THIRD:	The file date of the articles of incorporation: 11/22/2005			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been of to the shareholders, if shares were issued.	listribute	:d	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	SECI TALL	90	
	A majority of the incorporators authorized the dissolution.	RETAR	SEP 2	7
	A majority of the directors authorized the dissolution.	ECRETARY OF STATE LLAHASSEE FLORIDA	S PH	i U
Sign	ature:			
	(By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	/ an incorpo	rator -	if
	VINICIO LARIOS  (Typed or printed name of person signing)	, -		
	PRESIDENT	_		
	(Title of Person Signing)			

Filing Fee: \$35