P05000165417

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
:		

Office Use Only



400212511094

400212511094 09/27/11--01026--011 **35.00

MUTAMSA



FEB 0.2 ION T. ROBERTS



September 29, 2011

JOSE L. BALOYRA COCONUT GROVE TITLE & ESCROW COMPANY 2950 SW 27TH AVE, STE 100 MIAMI, FL 33133

SUBJECT: COCONUT GROVE TITLE & ESCROW COMPANY

Ref. Number: P05000165417

We have received your document for COCONUT GROVE TITLE & ESCROW COMPANY 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Letter Number: 211A00022499

Tina Roberts
Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: Coconut Grove Title & Escrow Con	npany
DOCUMENT NUMBER: P0500 165417	
The enclosed Articles of Dissolution and fee are submitted to	for filing.
Please return all correspondence concerning this matter to the	e following:
Jose L. Baloyra	
(Name of Contact Person)	
Jose L. Baloyra, PA	
(Firm/Company)	
2950 SW 27th Avenue, Suite 100	
(Address)	
Miar a i, Floaida 33133	
(City/State and Zin Code)	
For further information concerning this matter, please call:	
2 3	
Jose L Baldyra at (305) 442-4142
	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
▼\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copenclosed)	
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section 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 607.1403, 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:
	Coconut Grove Title & Escrow Company
SECOND:	The document number of the corporation (if known): P05000165417
THIRD:	The date dissolution was authorized: 09/21/2011
	Effective date of dissolution <u>if applicable</u> : 09/21/2011 (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
	(voting group)
	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)
	Jose L. Baloyra
	(Typed or printed name of person signing)
	President
	(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. 607.1407, F.S.

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

Name of Corpo	oration: Coconut Grove Title & Escrow Company	
	ution will be the date the dissolution is filed with the Department of State or as e Articles of Dissolution.	
Description of	f information that must be included in a claim:	
		_
		_
		_
Mailing addres	ss where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
	2950 SW 27th Avenue, Suite 100	
	Miami, Florida 33133	
	st the above named corporation will be barred unless a proceeding to enforce the claim is commentater the filing of this notice.	ced
within 4 years a	after the filling of this notice.	
Jose L. Ba		_
	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