(Re	equestor's Name)	
(Ac	ldress)	<u>-</u>
	Idress)	
(Au	iuiess)	
(Cit	ty/State/Zip/Phone	e #)
	عــد	
PICK-UP	X WAIT	MAIL
/Ru	siness Entity Nar	na)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	\$ 35.00
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASP 108

COVER LETTER

Division of Corporations
SUBJECT: Los Compalres Mixicum Ristavian #3 In
DOCUMENT NUMBER: P06000008975
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rosie Cabrera
(Name of Contact Person)
Los Compadres Mexican Restaurant #3 In. (Firm/Company)
21090 hs no 51
2690 Ni Monroe 5+ (Address)
Tall. FL 32303
(City/State and Zip Code)
For further information concerning this matter, please call:
Rosie Cabrera at (850) 339-0232 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

 I^{I}

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submissible of STATE FLORIDA

FIRST:		of the corporation as			
	los	Comparlies	Mexican	Restaurant	#3 Inc
SECOND:	The docu	Comparizes	orporation (if know	n): <u>706000</u>	008975
THIRD:	The file d	ate of the articles of i	ncorporation:	1 23 06	
FOURTH:	(CHECK	AT LEAST ONE BC	OX)		
		None of the corporati	on's sharés have be	en issued.	
		The corporation has r	not commenced bus	iness.	
FIFTH:	No debt of	the corporation rema	ins unpaid.		
SIXTH:		ets of the corporation cholders, if shares we	•	nding up have been	distributed
SEVENTH:	Adopti	on of Dissolution (C	CHECK ONE)		
	U	A majority of the inc	orporators authorize	ed the dissolution.	•
A majority of the directors authorized the dissolution.					
Sign	ature:		l Mend		
	(By a dir in the ha	ector, president or other offic ands of a receiver, trustee, or	er - if directors or officers other court appointed fidu	s have not been selected, by iciary, by that fiduciary.)	an incorporator - if
		5. Man	or printed name of person	lo2a signing)	-
		Presi			-
			(time of report pigning)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by	the dissolved cor	poration named	below for res	solution of payme	ent 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:_	<u>los</u>	Compadres	Mexican	Restaurant	#3 In.(
Date of dissolution wil specified in the Article.			ed with the Departm	ent of State or as	
Description of information	tion that r	nust be included in a cla	aim:		
					
					
					, , , , , , , , , , , , , , , , , , ,
Mailing address where					
	Full	N. Monr	303		
· · · · · · · · · · · · · · · · · · ·					
					
A claim against the abount of the within 4 years after the			red unless a proceed	ding to enforce the claim	s commenced
Rosin (Cabr	en	4	MU	•
Printed	Name of th	e Person Filing		Signature of the Person Filing	

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