

P06000033468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

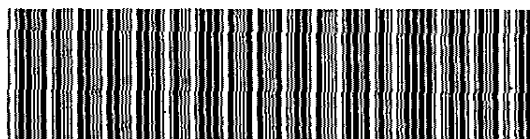
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News*

02/09/07--01011--009 **35.00

2007 MAR -5 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA ESQUINA DEL CEVICHE CORP.

DOCUMENT NUMBER: P06000033468

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

Please return all correspondence concerning this matter to the following:

DAVID VALVERDE

(Name of Contact Person)

LA ESQUINA DEL CEVICHE CORP.

(Firm/Company)

4644 LAKESIDE CIRCLE

(Address)

WEST PALM BEACH, FL 33417

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID VALVERDE

(Name of Contact Person)

at (561) 683-4491

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2007

DAVID VALVERDE
LA ESQUINA DEL CEVICHE CORP.
4644 LAKESIDE CIRCLE
WEST PALM BEACH, FL 33417

SUBJECT: LA ESQUINA DEL CEVICHE CORP.
Ref. Number: F06000033468

We have received your document for LA ESQUINA DEL CEVICHE CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document needs an officer signature.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 807A00010753

RECEIVED
FEB 22 AM 8:00
DIVISION OF CORPORATIONS

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 Department of State:

LA ESQUINA DEL CEVICHE CORP.

SECOND: The document number of the corporation (if known): P06000033468

THIRD: The file date of the articles of incorporation: 03/07/2006

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 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.

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.)

DAVID VALVERDE

(Typed or printed name of person signing)

PRESIDENT - DIRECTOR

(Title of Person Signing)

Filing Fee: \$35

FILED
2001 MAR -5 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: LA ESQUINA DEL CEVICHE CORP.

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:

NAME OF PERSON OR BUSINESS ENTITY

MAILING ADDRESS

PHONE NUMBER, FAX NUMBER AND E-MAIL ADDRESS

CONTACT NAME

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

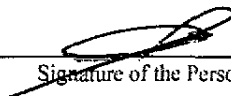
4644 LAKESIDE CIRCLE

WEST PALM BEACH, FL 33417

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.

DAVID VALVERDE

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