(Address) 300242	
(Address)	""""" 25390
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	0102000
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Corporation	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TUAN A ANDREVE  (Name of Contact Person)	
(Name of Contact Person)	
Alone de de la company	
MARCE ShirtMAKER, INC. (Firm/Company)	
(	
2920 PONCE de LEON Blud. (Address)	
CORAL GABLES FL 33134 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
TUAN A. ANDREUE at (310) 880 1746  (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
Enclosed is a check return rollowing unbount.	
\$35 Filing Fee \$352.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: STREET ADDRESS:	
Amendment Section Amendment Section	
Division of Corporations  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:	The name of the corporation as currently filed with the Florida Departmen	t of State:
	MARCE ShirtMAKER, INC.	
SECOND:	The document number of the corporation (if known): PO600043	<u>क्र</u> ्रु
THIRD:	The file date of the articles of incorporation:	2 OE( ECRE
FOURTH:	(CHECK AT LEAST ONE BOX)	TARY NASSE
	None of the corporation's shares have been issued.	DEC 12 AM 9: 40 CRETARY OF STATE LAHASSEE. FLORID
	The corporation has not commenced business.	): LO TATE ORIDA
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been dist to the shareholders, if shares were issued.	ributed
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
Sign	A majority of the directors authorized the dissolution.  By a director, president or other officer, if directors or officers have not been selected, by an in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)  (Typed or printed name of person signing)	incorporator - if
	(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 Corporation:\_

· ·
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Corporation can not MAINTE. NER ON BUSINESS DUE to
the economy. We, corporate members request this
Corporation can not MAINTE. NER ON BUSINESS DUE to the Economy. WE, corporate MEMBERS REQUEST this corporation opened in good Faith tobacks about , maidiately
· · · · · · · · · · · · · · · · · · ·
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  2327 Colgafe dv.  Costa Masa CA 92626  June A. Andreye
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.
Printed Name of the Person Filing  Ingrature of the Person Filing

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