

PO60000 49080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

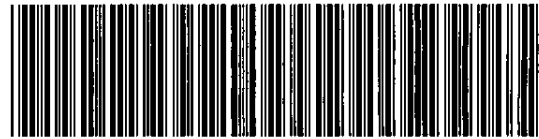
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

send check back

Office Use Only



200117621412

06/02/08--01002--021 **35.00

FILED
08 MAY 30 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



VOLDIS with
NOTICE
DRC
5/30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2008

DEBORA K. GILBERT-LYTLE, CFO
ITALIA SERVIZI, INC,
1691 MICHIGAN AVENUE, SUITE 325
MIAMI BEACH, FL 33139

SUBJECT: ITALIA SERVIZI, INC.
Ref. Number: P06000049080

We have received your document for ITALIA SERVIZI, INC. and check(s) totaling \$60.00. However, your check(s) and document are being returned for the following:

YOU HAVE SUBMITTED A LIMITED LIABILITY FORM WHEN THE ABOVE ENTITY IS A FLORIDA DOMESTIC CORPORATION.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 708A00013706

RECEIVED
2008 MAY 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2/27/08

*Please find attached documents
Check in the amount of \$35.00.
Thank you.
Debora Lytle, CFO*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: P06000049080

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

Please return all correspondence concerning this matter to the following:

DEBORA K GILBERT-LYTLE, CFO
(Name of Contact Person)

ITALIA SERVIZI, INC
(Firm/Company)

1691 MICHIGAN AVE SUITE 325
(Address)

MIAMI BEACH, FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORA K GILBERT-LYTLE at (305) 695-0288
(Name of Contact Person) (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

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:

ITALIA SERVIZI, INC

SECOND: The document number of the corporation (if known): P06000049080

THIRD: The file date of the articles of incorporation: 04-05-06

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

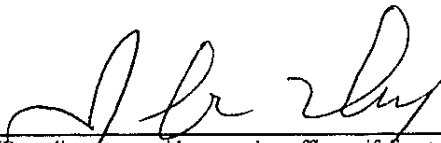
FIFTH: No debt of the corporation remains unpaid.

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.)

NICOLA SCHON

(Typed or printed name of person signing)

DIRECTOR

(Title of Person Signing)

FILED
08 MAY 30 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ITALIA SERVIZI, INC

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:

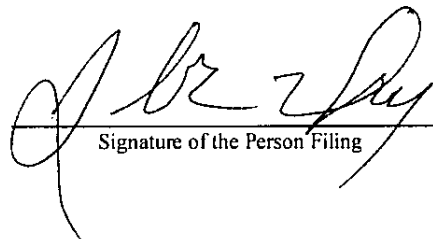
DESCRIPTION OF CLAIM,
AMOUNT OF CLAIM,
PROOF OF CLAIM,

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

1691 MICHIGAN AVE SUITE 328
MIAMI BEACH, FL 33139

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.

NICOLA SCHON
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