## P06000044796

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|-----------------------------------------|-------------------|-------------|
| (Re                                     | equestor's Name)  |             |
| (Ad                                     | Idress)           |             |
|                                         |                   |             |
| (Ad                                     | dress)            |             |
| (Cit                                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                                 | ☐ WAIT            | MAIL        |
| (Bu                                     | siness Entity Nar | me)         |
| (Do                                     | cument Number)    |             |
|                                         |                   |             |
| Certified Copies                        | _ Certificates    | s of Status |
| Special Instructions to Filing Officer: |                   |             |
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SECRETARY OF STATE
TALLAHASSEE, FI DOING



## **COVER LETTER**

TO: Amendment Section

| Division of Corporations                                                                        |                                                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUBJECT: VR CLEANING                                                                            | CORP                                                                                                                                               |  |
| DOCUMENT NUMBER: P06                                                                            | 000066796                                                                                                                                          |  |
| The enclosed Articles of Dissolution and fee                                                    | are submitted for filing.                                                                                                                          |  |
| Please return all correspondence concerning t                                                   | his matter to the following:                                                                                                                       |  |
| VALMIR VA                                                                                       | ZARÍO<br>entact Person)                                                                                                                            |  |
|                                                                                                 | Company)                                                                                                                                           |  |
|                                                                                                 | Exp. Svite 270-1                                                                                                                                   |  |
| ORLANDO FL. (City/State                                                                         | 32819                                                                                                                                              |  |
| For further information concerning this matte                                                   | •                                                                                                                                                  |  |
| VALMIR WAZARID (Name of Contact Person)                                                         | at (467) 448-36 07 (Area Code & Daytime Telephone Number)                                                                                          |  |
| Enclosed is a check for the following amount                                                    | ·<br>:                                                                                                                                             |  |
| Certificate of Status                                                                           | \$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  \$\$\$ 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 607.1403, 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:                                                                                                                                          |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | UR Cleaning Corp                                                                                                                                                                                                              |
| SECOND: | The document number of the corporation (if known): P060000 66 796                                                                                                                                                             |
| THIRD:  | The date dissolution was authorized: Dec, 31-2006                                                                                                                                                                             |
|         | Effective date of dissolution if applicable:  (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                                                                                                                                                       |
|         | 2007<br>SEI<br>TALL                                                                                                                                                                                                           |
|         | SECRETARY OF STATE ALLAHASSEE: FLORID.  Signature:                                                                                                                                                                            |
|         | 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) |
|         | (Typed or printed name of person signing)                                                                                                                                                                                     |
|         | (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 Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation 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.

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

Printed Name of the P