(Re	equestor's Name)		
(Ac	dress)		
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,	· · · · · · · · ·		
(Ci	ty/State/Zip/Phone	e #)	
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STERETARY OF STATE

OTHISTORIOF CORPORATIONS

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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Carbonell Faran	ncial Services duc
DOCUMENT NUMBER: PO 6 000	00 76036
The enclosed Articles of Dissolution and fee are sub-	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Roland	o Carbone//
· ·	,
Corbinell Fric	macil Sewices
(Firm/Compan	•
5035 N.	Lois Cevenue
(Address)	
Tampa,	7C 33C14 Code)
(City/State and Zip	Code)
For further information concerning this matter, please	call:
Rolando Corbnell at (813) 493 – 2903 (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 \$\to\$	d Copy Certificate of Status & Certified Copy
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:			
	Carbonell Financial Sewices Inc				
SECOND:	The document number of the corporation (if known): Po 6000076 The date dissolution was authorized: JANKY Z.	,036	_		
THIRD:	The date dissolution was authorized: Anucy Z.	2011	_		
	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 f was sufficient for approval.	or dissoluti	ion		
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ıtitled			
	The number of votes cast for dissolution was sufficient for approval by				
٠	(voting group)				
	Signature: Nodando Cabonell	12 APR -2			
	(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)	AM 9: 1	OF STATE		
	Rolando Corbanell	0	17		
	(Typed or printed name of person signing)				
	(Title of person signing)				

Filing Fee: \$35