

PO6000080983

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

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DISSOLUTION OR WITHDRAWAL

HECTOR & N.L.N. CO.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$43.75

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HECTOR & N.L.N., CO.

DOCUMENT NUMBER: P06000080983

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

Please return all correspondence concerning this matter to the following:

JANELLE BARINAS

(Name of Contact Person)

BARINAS & ASSOCIATES INC

(Firm/Company)

5701 NW 36TH ST

(Address)

VIRGINIA GARDENS, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

JANELLE BARINAS

(Name of Contact Person)

at (305) 871-0889

(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 607.1403, 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:
HECTOR & N.L.N. CO.

SECOND: The document number of the corporation (if known): P06000080983

THIRD: The date dissolution was authorized: 09/22/2007

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

(voting group)

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)

HECTOR M. ECHEVERRIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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2007 SEP 24 AM 10:56
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: HECTOR & N.L.N. CO.

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:

DISSOLUTION WAS APPROVED AND FILED ON 09/22/2007.
THE COMPANY WILL NOT BE DOING BUSINESS ANY MORE.
WE DO NOT HAVE ANY LIABILITIES.

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

7667 MIRAMAR PARKWAY
MIAMI, FL 33023

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.

HECTOR M. ECHEVERRIA, PRESIDENT
Printed Name of the Person Filing


Signature of the Person Filing