

P06000091359

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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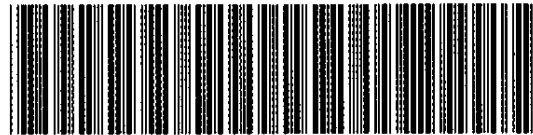
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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diss

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FILED
2008 SEP -4 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 SEP -4 PM 4:00
TO BE RETURNED
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ASR
9/5/08

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LATIN'S FURNITURE, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 1:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☒ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

ARTICLES OF DISSOLUTION

FILED

2008 SEP -4 PM 4:15

Pursuant to Section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the Corporation is: LATIN'S FURNITURE, INC.

SECOND: The date of dissolution was authorized: September 01, 2008

THIRD: Adoption of Dissolution (CHECK ONE)

X Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

___ Dissolution was approved by vote of 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)

Signed this 3rd day of September of 2008

Signature: _____

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Sandra E. Castro

(Typed or printed name)

President

(Title)

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and subscribed before me today September 3, 2008 at Miami, FL by Mrs. Sandra Castro, who personally appeared before me and presented her FDL No. C236-780-75-957-0.

My Commission Expires:

Notary Public - State of Florida

