P06000092019

(Requestor's Name)		
	Address)	
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(City/State/Zip/Phone #)		
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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of Corpora	ation	
DOCUMENT NUMBER: P0600009	2019	
The enclosed Articles of Dissolution and	fee are submitted for filin	g.
Please return all correspondence concerning	ng this matter to the follow	ving:
William Diaz		
(Name of	Contact Person)	
Skyline Title Group		
(Firm/Company)		
5727 NW 7 ST Suite 294		
(A	Address)	
Miami, FL 33126		
(City/Sta	ate and Zip Code)	
For further information concerning this ma	•	- 4
	9.	3 <i>9.9346</i> 59- 5 463
William Diaz		• • • • • • • • • • • • • • • • • • • •
(Name of Contact Person)	(Area Code &	2 Daytime Telephone Number)
Enclosed is a check for the following amount	unt:	
\$35 Filing Fee \$\sum \$\\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Ame Divi Clift 2661	endment Section sion of Corporations on Building Executive Center Circle shassee, FL 32301



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:
	Skyline Title Group INC.
SECOND:	The document number of the corporation (if known): P06000092019
THIRD:	The file date of the articles of incorporation: 11/02/2006
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.
Sign	A majority of the directors authorized the dissolution.
Ü	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	William Diaz
	(Typed or printed name of person signing)
	President (Title of Person Signing)
	(Title of Ferson 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: Skyline Title Group 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 Corporations) 5727 NW 7 ST Suite 294 Miami, FL 33126 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. William Diaz Printed Name of the Person Filing

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