

P06000011579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/08/13--01011--018 **35.00

VD/with nfp

FEB 11 2013
T. ROBERTS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB -8 PM 12:04

FILED

**TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

**FROM: TREVOL DISCOUNT & PHARMACY INC
ALINA ALVAREZ DIRECTOR
DOCUMENT NUMBER: P06 000 111 579**

**ADDRESS: 1465 WEST FLAGLER ST
MIAMI, FL 33135**

PHONE NUMBER: 954 556 0147

EMAIL: alvarez.martinez@yahoo.com

Alina Alvarez

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Business Dissolution

DOCUMENT NUMBER: PO6000 111579

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

Please return all correspondence concerning this matter to the following:

Alina Alvarez

(Name of Contact Person)

Turol Discount & Pharmacy INC

(Firm/Company)

1465 West Flagler ST

(Address)

Miami, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

Alina Alvarez

(Name of Contact Person)

at (954) 556 0147

(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:

Tixel Discount & Pharmacy INC

SECOND: The document number of the corporation (if known): P06 000111579

THIRD: The date dissolution was authorized: 11/5/12

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: Alina Alvarez

(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)

Alina Alvarez

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
FEB -8 PM 12:04
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: Tweel Discount & Pharmacy INC

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:

I want to close Tweel Discount & Pharmacy
because we out of business.

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

1465 West Flagler ST
Miami, FL 33135

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.

Alina Alvarez
Printed Name of the Person Filing

Alina Alvarez
Signature of the Person Filing

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