

P06000149218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

423-09



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04/20/09--01008--013 \*\*35.00

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Handwritten signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 APR 20 PM 2:53

FILED



**TTX INSURANCE CONSULTANTS, INC.**

**7338 NW 5<sup>th</sup> Street**

**Plantation, FL 33317**

**Phone: 954-327-8002 Fax: 954-327-8596**

**www.ttxins.com**

Thursday, April 16, 2009

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6052

Re: Profit Articles of Dissolution

Dear Sir or Madam:

Please note that you will find attached original sign dissolution articles of incorporation, and payment. Please make sure that you forward all documents pertaining to customer **P06000149218- YOLANDA TRANSPORT, INC.** to TTX Insurance Consultants, Inc. We are sending a payment of \$35.00 that includes filing fee of the articles of dissolution (\$35.00).

Thanks for your cooperation!

Monica M. Terrazas  
TTX Insurance Consultants, Inc.  
Tel: 813-672-2026  
monica@ttxins.com

CK# 30180 for the Department of State/ Division of Corporations

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Yolanda Transport, Inc.

**DOCUMENT NUMBER:** P06000149218

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

Please return all correspondence concerning this matter to the following:

Monica M. Terrazas

(Name of Contact Person)

TTX Insurance Consultants, Inc.

(Firm/Company)

7338 NW 5th Street

(Address)

Plantation, FL 33317

(City/State and Zip Code)

For further information concerning this matter, please call:

Monica Terrazas

(Name of Contact Person)

at ( 813 )

672-2026

(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:  
Yolanda Transport, Inc.

SECOND: The document number of the corporation (if known): P06000149218

THIRD: The date dissolution was authorized: 4/13/09

Effective date of dissolution if applicable: 4/13/09  
(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

Yolanda N. Munoz  
(voting group)

Signature: *Yolanda N. Munoz*  
(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)

Yolanda N. Munoz  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35

FILED  
2009 APR 20 PM 2:53  
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: Yolanda Transport, 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:

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

15381 S.W. 163rd Street, Miami, FL 33187

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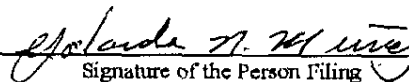
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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Yolanda N. Munoz

Printed Name of the Person Filing

  
Signature of the Person Filing

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