Po6000155815

(Re	questor's Name)	
(Ad	dress)	 .
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE

4/6/10

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Out Of Business	
DOCUMENT NUMBER: P060001558	15
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Luis Almodovar	
(Name of Co	ntact Person)
Almodovar Communications	
(Firm/C	Company)
17825 Sailfish Dr.	
(Addı	ress)
Lutz,FI 33558	
(City/State :	and Zip Code)
For further information concerning this matter	r, please call:
Luis Almodovar (Name of Contact Person)	at (813) 679-7268 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	• • • • • • • • • • • • • • • • • • • •
✓\$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	
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 affices:

SECRETARY OF STATE

TALLAHASSEE, FLORIDE Almodovar Communications The document number of the corporation (if known): P06000155815 SECOND: The date dissolution was authorized: 2/28/2010 THIRD: Effective date of dissolution if applicable: 3/31/2010 (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 Almodovars (voting group) Signature: (By Adirector, 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) Luis Almodovar (Typed or printed name of person signing) President

Filing Fee: \$35

(Title of person signing)

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: Almodovar Communications, 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:
Out Of Business
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
17825 Sailfish Dr.
Lutz,FI 33558

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.
Luis Almodovar Luy / Modelin
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