P07000043429

| (| Requestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| | Business Entity Name) | |
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| Certified Copies | Certificates of | Status |
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: LA CARIBENA SANDWICH SHOP, INC DOCUMENT NUMBER: P07000043429 The enclosed **Articles of Dissolution** and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM MEDINA (Name of Contact Person) (Firm/Company) 13380 NW 32 AVENUE (Address) OPALOCKA, FL 33054 (City/State and Zip Code) For further information concerning this matter, please call: WILLIAM MEDINA 305 1 681-7384 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □\$35 Filing Fee □\$43.75 Filing Fee & ☑\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

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: | | |
|---------|--|--|--|
| | LA CARIBENA SANDWICH SHOP, INC. | | |
| SECOND: | The document number of the corporation (if known): P07000043429 | | |
| THIRD: | The date dissolution was authorized: 04/06/2007 | | |
| | Effective date of dissolution <u>if applicable</u> : 10/31/2007 (no more than 90 days after dissolution file date) | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the sharcholders. 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 | | |
| | WILLIAM MEDINA | | |
| | (voting group) | | |
| | Signature: Mary Medical SSRY of ARR SOL TO SSIgnature: (By a director, president or other officer - if directors or officers have not been selected, 500 an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary. SSRY SSR SSR SSR SSR SSR SSR SSR SSR SS | | |
| | WILLIAM MEDINA | | |
| | (Typed or printed name of person signing) | | |
| | DIRECTOR / PRESIDENT | | |
| | (Title of person signing) | | |

Filing Fee: \$35