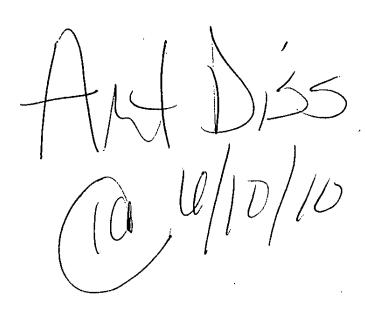
| (Re                                     | equestor's Name)   |           |  |
|---|--------------------|-----------|--|
| (Ad                                     | dress)             |           |  |
| (Ad                                     | ldress)            |           |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |
| 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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06/08/10--01032--005 \*\*35.00



## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  | 4   |  |  |  |
|---|---|--|--|--|
| SUBJECT: No-live of Conponente  | y's o Lution  |  |  |  |
| DOCUMENT NUMBER: PO7000040  | 6286  |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.  |   |  |  |  |
| Please return all correspondence concerning this matter to the  | following:  |  |  |  |
| Jose Som/h (Name of Contact Person)   |   |  |  |  |
| (Name of Contact Person)  |   |  |  |  |
| AAA Yulti- Senvices Duc   |   |  |  |  |
| (Firm/Company)  |   |  |  |  |
| 2035 Desoto B/Vd S (Address)  |   |  |  |  |
| (Address)   |   |  |  |  |
| Naplos M 34117  |   |  |  |  |
| (City/State and Zip Code)   |   |  |  |  |
| For further information concerning this matter, please call:  |   |  |  |  |
| Jose Sumila at (239   | ) 207-1159  |  |  |  |
| (Name of Contact Person) (Area C  | ) ZO 7-1159<br>Code & Daytime Telephone Number)       |  |  |  |
| Enclosed is a check for the following amount:   | •   |  |  |  |
| \$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$43.75 Filing Fee & Certified Copy (Additional copy enclosed) | Certificate of Status &                               |  |  |  |
| MAILING ADDRESS: Amendment Section  | STREET ADDRESS: Amendment Section                     |  |  |  |
| Division of Corporations  | Division of Corporations                              |  |  |  |
| P.O. Box 6327   | Clifton Building                                      |  |  |  |
| Tallahassee, FL 32314   | 2661 Executive Center Circle<br>Tallahassee, FL 32301 |  |  |  |

## ARTICLES OF DISSOLUTION

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:   |           |           |
|---------|--|-----------|-----------|
|         | AAA Multi- Somuco Fuc.   |           |           |
| SECOND: | The document number of the corporation (if known): PO+ 0000 46286  |           |           |
| THIRD:  | The file date of the articles of incorporation: $4-16-3007$  |           |           |
| 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)  | 1         | ¥Z<br>Si  |
|         | A majority of the incorporators authorized the dissolution.  | NOF 6     | CRE I     |
|         | A majority of the directors authorized the dissolution.  | 8         | ASSEE, FL |
| <b></b> | Llevel   | AM 10: 48 | TATE      |
| Sign    | (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.) |           |           |
|         | José Similh  |           |           |
|         | (Typed or printed name of person signing)  |           |           |
|         | (Title of Person Signing)  |           |           |
|         | · • • • • • • • • • • • • • • • • • • •  |           |           |

Filing Fee: \$35