

- P07000051602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

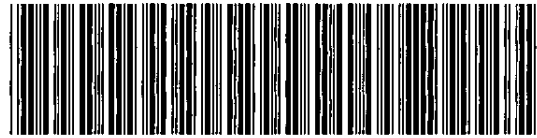
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FJDiss
5/2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: UCS FL 30 R

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

Please return all correspondence concerning this matter to the following:

ALFONSO LOPEZ

(Name of Contact Person)

ALFORSO LOPEZ P.A

(Firm/Company)

P O Box 612755

(Address)

NORTH MIAMI FL 33261

(City/State and Zip Code)

For further information concerning this matter, please call:

ALFORSO LOPEZ

(Name of Contact Person)

at (917) 721-8700

(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

eff 6-30-08

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:

ALFONZO LOPEZ, P.A.

SECOND: The document number of the corporation (if known): UCS FL 30 R. P07000051602

THIRD: The date dissolution was authorized: 4/27/2008

Effective date of dissolution if applicable: 6/30/2008 (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] 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

ALFONZO LOPEZ PA (voting group)

Signature: [Handwritten Signature] (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)

ALFONZO LOPEZ (Typed or printed name of person signing)

PRESIDENT (Title of person signing)

Filing Fee: \$35

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