

PO70000 72366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

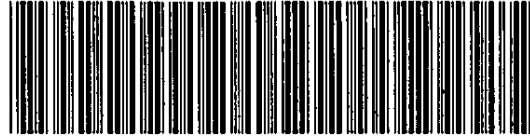
(Business Entity Name)

(Document Number)

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03/07/16--01008--003 \*\*35.00

2016 MAR -7 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR 09 2016

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARENCIBIA ADJUSTERS AND CONSULTING CORP

**DOCUMENT NUMBER:** P07000072366

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

Please return all correspondence concerning this matter to the following:

LISBET ARENCIBIA

(Name of Contact Person)

ARENCIBIA ADJUSTERS AND CONSULTING CORP

(Firm/Company)

13932 SW 74TH TERACE

(Address)

MIAMI, FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

LISBET ARENCIBIA

(Name of Contact Person)

at ( 305-910-3052  
(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:  
ARENCEBIA ADJUSTERS AND CONSULTING CORP

SECOND: The document number of the corporation (if known): P07000072366

THIRD: The date dissolution was authorized: 12/31/2014

Effective date of dissolution if applicable: 12/31/2014

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


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

\_\_\_\_\_  
(voting group)

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)

LISBET ARENCIBIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
 2015 MAR -7 PM 4:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Filing Fee: \$35

### 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: ARENCIBIA ADJUSTERS AND CONSULTING CORP

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

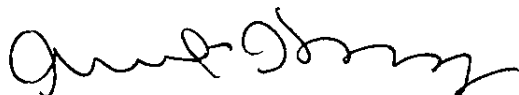
Description of information that must be included in a claim:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

ARENCIBIA ADJUSTERS AND CONSULTING CORP  
13932 SW 74 TERRACE  
MIAMI, FL 33183  
\_\_\_\_\_

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.

LISBET ARENCIBIA  
Printed Name of the Person Filing

  
Signature of the Person Filing