## P07000099845

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	j
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** SUBJECT: PRIME DISTRIBUTION ENTERPRISES CORP DOCUMENT NUMBER: P07000099845 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PAOLA Y NARDO (Name of Contact Person) PRIME DISTRIBUTION ENTERPRISES CORP (Firm/Company) 289 NW 92nd STREET (Address) MIAMI SHORES, FLORIDA 33150 (City/State and Zip Code) For further information concerning this matter, please call: PAOLA Y NARDO (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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:
	PRIME DISTRIBUTION ENTERPRISES CORP
SECOND:	The document number of the corporation (if known): P07000099845
THIRD:	The date dissolution was authorized: 02/09/2011
	Effective date of dissolution if applicable: 02/09/2011  (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
	(voting group)
	Signature:  (By a director, president of 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)
	PAOLA Y NARDO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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.

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Name of Corporation: PRIME DISTRIBUTION ENTERPRISES CORP
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
BUSINESS OPERATIONS CLOSED
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
PAOLA Y NARDO
289 NW 92nd.STREET
MIAMI SHORES, FLORIDA 33150
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
PAOLA Y NARDO
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