

P07000102715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

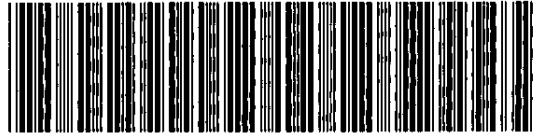
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300155736343

*desp*

05/11/09--01035--004 \*\*35.00

FILED  
2009 MAY 11 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*APR*  
*5/18/09*



ANDERSON and ASSOCIATES, P.A.

805 S. Kirkman Road, Suite 204  
Orlando, Florida 32811

(407) 843-9901 | Main Line  
(407) 843-9903 | Facsimile

info@andersonandassocpa.com  
www.andersonandassocpa.com

Veronica Anderson, Esquire  
veronica@andersonandassocpa.com  
(800) 925-9901

May 7, 2009

Florida Department of State  
Amendment Section - Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Mi-Ka Enterprises of Orlando, Inc.

To Whom It May Concern:

Enclosed you will find the Articles of Dissolution of the above referenced company for filing purposes. Also enclosed is a check in the amount of \$35.00 for filing fee.

Thank you for your attention to this matter.

Sincerely,

  
Susan Brosch  
Paralegal

/sb

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of For Profit Corporation

**DOCUMENT NUMBER:** P07000102715

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

Please return all correspondence concerning this matter to the following:

Monica Robertson

(Name of Contact Person)

Anderson and Associates, P.A.

(Firm/Company)

805 S. Kirkman Road, Suite 204

(Address)

Orlando, Florida 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

Monica Robertson

(Name of Contact Person)

at ( 407 ) 843-9901

(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**

**FILED**

2009 MAY 11 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Mi-Ka Enterprises of Orlando, Inc.

SECOND: The document number of the corporation (if known): P07000102715

THIRD: The date dissolution was authorized: April 27, 2009

Effective date of dissolution if applicable: \_\_\_\_\_  
(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: Karen J. Howells

(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)

Karen Howells

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**