

P07,000 / 08-169:

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

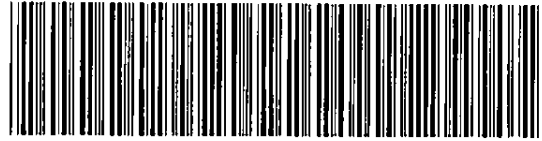
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400417570024

*dissolution with
notice*

11/16/23--01002--004 **35.00

A. RAMSEY

AUG 28 2024

2024 AUG 27 AM 8:53

FILED

*00789, 00572, 00524, 00671
0435, 04104

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 8/27

CERTIFIED COPY _____

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DISSOLUTION _____

1. UST XIX CORPORATION

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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:

UST XIX CORPORATION

SECOND: The document number of the corporation (if known): P07000108169

THIRD: The date dissolution was authorized: JUNE 6, 2024

Effective date of dissolution if applicable: JULY 31, 2024

(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

LOTHAR ESTEIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

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2024 AUG 27 AM 8:53

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: UST XIX CORPORATION

The above named corporation is the subject of dissolution and the effective date of a dissolution is: June 6, 2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

1. NAME, ADDRESS, AND CONTACT INFORMATION OF CLAIMANT.
2. WRITTEN DESCRIPTION OF THE CLAIM (INCLUDING, BUT NOT LIMITED TO, AMOUNT AND DUE DATE).
3. RELEVANT DOCUMENTATION OF THE CLAIM, IF ANY.

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

c/o Estein & Associates USA, Ltd., 4705 South Apopka Vineland Road, Suite 201, Orlando, Florida 32819

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.

LOTHAR ESTEIN

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