P08000006508

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
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DIVISION OF CORPORATIONS

09 FFR 23 AM 8: 56

T. Roberts FEB 2151 2009

COVER LETTER

Division of Corporations	.tu'
SUBJECT: Dissolution	
DOCUMENT NUMBER: P0800006508	
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	he following:
Eduardo R. Enriquez	
(Name of Contact Person)	
Eduardo R. Enriquez Insurance Agency, Inc	·
(Firm/Company)	
23348 Lago Mar Cir	and the state of t
(Address)	CONTRACTOR STATE
Boca Raton, FL 33433	1 3 ·
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Eduardo R. Enriquez at (561 (Area	789.7731 Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	•
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Certified Cop (Additional coenclosed)	•
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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following 8: 56 articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Eduardo R. Enriquez Insurance Agency, Inc.		
SECOND:	The document number of the corporation (if known): P0800006508		
THIRD:	The file date of the articles of incorporation: 1/18/2008		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.			
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	✓ A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
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.)			
	Eduardo R. Enriquez		
	(Typed or printed name of person signing)		
	President		
	(Title of Person Signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

•	
	ted by the dissolved corporation named below for resolution of payment of unknown claims on as provided in s. 607.1407, F.S.
This "Notice of Corp	corate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation	Eduardo R. Enriquez Insurance Agency, Inc.
Date of dissolution w specified in the <i>Artic</i>	vill be the date the dissolution is filed with the Department of State or as less of Dissolution.
Description of inform	nation that must be included in a claim:
All detailed int	formation regarding the claim, including reason for claim, claimant
claimant addr	ess, and claimant telephone #.
	·
Mailing address whe	re claims can be sent: (Claims cannot be sent to the Division of Corporations)
Ü	
233	348 Lago Mar Cir
Bo	ca Raton, FL 33433
	bove named corporation will be barred unless a proceeding to enforce the claim is commenced ne filing of this notice.
Eduardo R. E	nriquez alusto M. Sugar
Pri	nted Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00