(Re	equestor's Name)	
(Ac	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: DISSOLUTION OF CRUZ TRANS	SPORTATION CONSULTANTS, INC
DOCUMENT NUMBER: P08000032152	4
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
ORLANDO R. CRUZ	
(Name of	Contact Person)
CRUZ TRANSPORTATION CONSULTANTS, I	NC.
(Fir	m/Company)
9701 SW 120 STREET	
(A	Address)
MIAMI, FLORIDA 33176	•
(City/St	ate and Zip Code)
For further information concerning this ma	atter, please call:
ORLANDO R. CRUZ	at (⁷⁸⁶⁻²⁵¹⁻⁰¹³³
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & S52.50 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	STREET ADDRESS: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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: CRUZ TRANSPORTATION CONSULTANTS, INC. The document number of the corporation (if known): P08000032152				
SECOND:					
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable:				
	(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.	1			
	☐ 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	ì			
	(voting group) SSEE FLORIDGE OF STATE ON O	: 1)			
	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)				
	ORLANDO R. CRUZ				
	(Typed or printed name of person signing)				
	CHIEF EXECUTIVE OFFICER				
	(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.

Name of Corporation: _____CRUZ TRANSPORTATION CONSULTANTS, INC 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: CONSULTING SERVICES PROVIDED BY THE CORPORATION DURING THE PERIOD COMMENCING MARCH 27, 2008 AND ENDING DECEMBER 31, 2015 Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) CRUZ TRANSPORTATION CONSULTANTS, INC 9701 S 120 STREET MIAMI, FL 33176 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. ORLANDO R. CRUZ

Printed Name of the Person Filing