## P08000091802

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER** :

**TO:** Amendment Section

**Division of Corporations** 

SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: PO 8000091802
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hairo Gotay (Name of Contact Person)
Tolandia Dool Services Corporation (Firm/Company)
10580 Novethwest 57th Court (Address)
Coral Spring S FL 33676 (City/State and Zip Code)
For further information concerning this matter, please call:
Hairo Gottay at (954) 592-7626 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
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

Pursuant to section 607.1401, 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: SECOND: The document number of the corporation (if known): \(\frac{1}{2}\) The file date of the articles of incorporation: OCTODOR THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed. SIXTH: to the shareholders, if shares were issued. SEVENTH: Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. 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.) (Typed or printed name 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: Islandia Pool Services corporation
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:
Articles of Dissolution of Corporation.
Certificate of Status
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
10580 Northwest 57th court
Coxal Springs Pl. 33076
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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.

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