

PD8000099392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

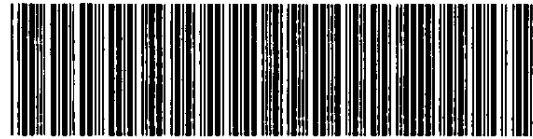
(Document Number)

Certified Copies _____

Certificates of Status ☒

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Newis
6-18-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NOTICE OF DISSOLUTION

DOCUMENT NUMBER: P08000099392

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

Please return all correspondence concerning this matter to the following:

CARLOS TORANZO

(Name of Contact Person)

CASA LORETO

(Firm/Company)

3212 W KATHLEEN ST

(Address)

TAMPA FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS TORANZO

(Name of Contact Person)

at (813)

842-6675

(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

To: Florida Department Of State Division of Corporations.

The reason of this letter is to let you know that I don't wish to reinstate the corporation Casa Loreto Assisted Living Facility Inc, Document# P08000099392 and I will release the name to be file by another entity.

Any questions please call me at 813-842-6675

Sincerely

A handwritten signature in black ink, appearing to read 'Carlos Toranzo', with a stylized flourish at the end.

Carlos Toranzo

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:

Casa Loreto Assisted Living Facility Inc

SECOND: The document number of the corporation (if known): P08000099392

THIRD: The file date of the articles of incorporation: 11/06/2008

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.)

CARLOS TORANZO

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

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