## P09000047525

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |

Office Use Only



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05/27/10~-01012--007 \*\*35.00

SECRETARY OF STATE



## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: DISSOLUTION OF AMALEI MULTI SERVICE, IN COOCUMENT NUMBER: POGOOD 2/7-525  |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| AMALFIA MALNONANO<br>(Name of Contact Person)  |
| (Firm/Company)  POBO + 222 83  (Address)  WEST PALM BEACH, FL 3342  (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Ancy Maleonade at (561) 7/2-4353<br>(Name of Contact Person) (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:  |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, \$\bigcup \\$Certificate of Status & \$\bigcup \\$Additional copy is enclosed)\$  Certified Copy (Additional copy is enclosed)  (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



May 27, 2010

AMALFIA MALCONADO P.O. BOX 222283 W PALM BEACH, FL 33422

SUBJECT: AMALFIA MULTI SERVICE, INC.

Ref. Number: P09000047525

We have received your document for AMALFIA MULTI SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not file Articles of Revocation on an active corporation. I am sending you Articles of Dissolution to file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 510A00013386



## 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:   |
|----------|--|
|          | AMALFI MULTI SERVICE, INC  |
| SECOND:  | The document number of the corporation (if known): $990004753$   |
| THIRD:   | The document number of the corporation (if known): $\frac{10700009}{20100000000000000000000000000000000000$  |
| 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.   |
|          | 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.  |
| Signa    | (By a director, president or other officers if directors or officers have not been selected, by an incorporator - if in the tlands of a receiver, trustee, or other court appointed fiduciary. by that fiduciary.) |
|          | (Typed or printed name of person signing)  |

Filing Fee: \$35