## P09000090801

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SECRETARY OF STATE TALL AHASSEE FIGURE

C. LEWIS NOV 1 8 2013 EXAMINER

## **COVER LETTER** .

Division of Corporations
SUBJECT: LA PLACITA INCOME TAX INC
DOCUMENT NUMBER: P09000090801
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAYRA S. GARCIA
(Name of Contact Person)
LA PLACITA INCOME TAX INC
(Firm/Company)
1046 DIXON BLVD SUITE 104
(Address)
COCOA FL 32922
(City/State and Zip Code)
For further information concerning this matter, please call:
MAYRA S. GARCIA at (321 ) 4582128
(Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:  Amendment Section  Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECOND:	The document number of the corporation (if known): P090009080	<b>)</b> 1					
	00/20/2012						
ΓHIRD:	The date dissoration was authorized.			_			
	Effective date of dissolution if applicable: 09/30/2013  (no more than 90 days after dissolution file date)						
FOURTH:	Adoption of Dissolution (CHECK ONE)						
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for dis	solut	ion			
	☐ Dissolution was approved by the shareholders through voting groups.						
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	!				
	The number of votes cast for dissolution was sufficient for approval by	SECRETA FALL AHA:	13 NOV	X			
	(voting group)	RY OF STATE SSEE, FLORIDA	12 AM 11: 10	AND			
	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)						

Filing Fee: \$35

(Title of person signing)