

## Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065

Phone : (305)371-5758

Fax Number : (305)371-3178

**DISSOLUTION OR WITHDRAWAL  
CONSOLIDADA INTERAMERICANA, INC.**

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CONSOLIDADA INTERAMERICANA, INC.

**DOCUMENT NUMBER:** P09000091436

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

Please return all correspondence concerning this matter to the following:

MARK M. HASNER, ESQ.

(Name of Contact Person)

THERREL BAISDEN, LLP

(Firm/Company)

1 SE 3rd AVENUE, SUITE 2950

(Address)

MIAMI, FLORIDA 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK M. HASNER, ESQ.

at (305 371-5758

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

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**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

40004745543

**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:

CONSOLIDADA INTERAMERICANA, INC.

SECOND: The document number of the corporation (if known): P09000091436

THIRD: The date dissolution was authorized: November 11, 2020

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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

SARA C. BABUN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35**

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