P09000092150

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C.COULLIETTE
NOV 23 2009

EXAMINER

COVER LETTER . *

TO: Amendment Section

Division of Corporations	
SUBJECT: Metro Mortuary Removers Inc.	
DOCUMENT NUMBER: P09000092150	
The enclosed Articles of Dissolution and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Monica Bueno	
(Name of Contact Person	1)
Metro Mortuary Removers Inc.	
(Firm/Company)	
5401 SW 112 Ct	
(Address)	
Miami, Fl. 33165	
(City/State and Zip Cod	le)
For further information concerning this matter, please call	l:
Ernesto Carrillo at (_30	
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filin	1 4
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:	RST: The name of the corporation as currently filed with the Florida Department of			
	Metro Mortuary Removers Inc.			
SECOND:	The document number of the corporation (if known): P090000921	50		
THIRD:	The file date of the articles of incorporation: 11/09/2009			
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 of to the shareholders, if shares were issued.	distribu	ıted	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		AON G	1 7 7 7
•	A majority of the incorporators authorized the dissolution.	被	V 19	THE STATE OF THE S
·	A majority of the directors authorized the dissolution.	ET THE	PM 2: 02	
Sign	(By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	y an inco	rporato	r - if
	Monica Bueno			
	(Typed or printed name of person signing)	-		
	President	_		
	(Title of Person Signing)	-		

Filing Fee: \$35