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SLON DESTRUCTION





## **COVER LETTER**

Division of Corporations
SUBJECT: DISSOLUTION OF PROFIT CORPORATION
<b>DOCUMENT NUMBER:</b> P10000011104
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ABDESSAMAD LOTFI
(Name of Contact Person)
(Firm/Company)
1590 B FOREST LAKES CIRCLE
(Address)
WEST PALM BEACH /FL 33406
(City/State and Zip Code)
For further information concerning this matter, please call:
ABDESSAMAD LOTFIat (_561) 6448353
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
MAILING ADDRESS: Amendment Section  STREET ADDRESS: 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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	FIRST STAR INC			
SECOND:	The document number of the corporation (if known): P10000011104			
THIRD:	The date dissolution was authorized: 12/30/2011			
	Effective date of dissolution <u>if applicable:</u> 02/05/2010  (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 cast was sufficient for approval.	for dissolution		
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by			
	1 (voting group)			
	Signature:  (By a director, president or other officer) if directors or officers have not been selected, by an incorporator - if in the hands of alreceiver, trustee, or other court appointed fiduciary, by that fiduciary)	AND PHENDS		
	ABDESSAMAD LOTFI			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35