

P10000028089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

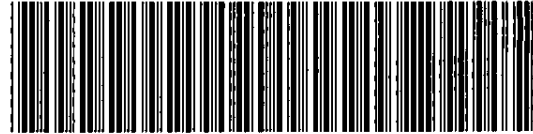
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*class with  
notice*

06/01/11--01021--010 \*\*43.75

FILED  
2011 JUN - 1 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DOE  
6/7/11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

4/29/11

**SUBJECT:** Dissolution of Consumer Protective Agency inc

**DOCUMENT NUMBER:** P10000028089

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

Please return all correspondence concerning this matter to the following:

Hector Reyes  
(Name of Contact Person)

Consumer Protective Agency  
(Firm/Company)

535 Royal Palm Beach Blvd  
(Address)

Royal Palm Beach 33411  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hector Reyes at (631) 393-2828  
(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    ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (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

# ARTICLES OF DISSOLUTION

FILED

2011 JUN -1 AM 9:04

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Consume Protective Agency, Inc.

SECOND: The document number of the corporation (if known): 710000028089

THIRD: The file date of the articles of incorporation: 3/30/2010

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 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.

Signature: H. Reyes

(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.)

Hector Reyes  
(Typed or printed name of person signing)

Vice President  
(Title of Person Signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Consumer Protective Agency, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Corporation inactive since 12/31/2010  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

AIA Registered Agent  
5647 110th Avenue North  
Royal Palm Beach 33411  
\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Hector Reyes  
Printed Name of the Person Filing

H Reyes  
Signature of the Person Filing