

P/D 0000061536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400242951784

12/26/12--01048--018 **43.75

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FILED
2013 JAN 31 PM 4:50
T. ROBERTS

JAN 31 2013
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2013

SILVIA Y MARROQUIN
ENCHANTED OCCASIONS PARTY RENTALS CORP.
7361 NW 174TH TERRACE F-104
HIALEAH, FL 33015

SUBJECT: ENCHANTED OCCASIONS PARTY RENTALS CORP
Ref. Number: P10000061536

We have received your document for ENCHANTED OCCASIONS PARTY RENTALS CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 813A00000197

RECEIVED

13 JAN 31 AM 9:21

REGISTRATION OF CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P10000061536

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

Please return all correspondence concerning this matter to the following:

Silvia Y Marroquin
(Name of Contact Person)

Enchanted Occasions Party Rentals Corp.
(Firm/Company)

7361 NW 174th Terrace F-104
(Address)

Hialeah, FL 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

Silvia Marroquin at (305) 776-5887
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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:

Enchanted Occasions Party Rentals Corp

SECOND: The document number of the corporation (if known): P10000061536

THIRD: The date dissolution was authorized: 09/28/2012

Effective date of dissolution if applicable: 09/29/2012
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

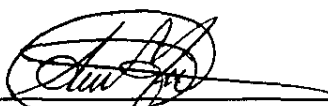
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

Silvia Marroquin and Chardia Gonzalez
(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 a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Silvia Marroquin

(Typed or printed name of person signing)

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: Enchanted Occasions Party Rentals Corp

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:

Complete Description of claim
along with event date & time.
complete Name & Address, Phone Number
of person making the claim.

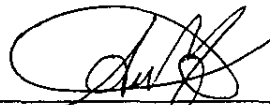
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

7361 NW 174th Terrace F-104
Hialeah, FL 33015

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.

Silvia Manroguin

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00