

P10000071397

(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



600220059406

02/01/12--01024--006 **35.00

*less
with
notice*

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12 FEB - 1 PM 12:30

FILED
SEC. DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12 FEB - 1 PM 12:44

*PR
2/1/12*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAA BUSINESS ENTERPRISES INC.

DOCUMENT NUMBER: P10000071397

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

Please return all correspondence concerning this matter to the following:

JOSE LUIS TOCCI' ARRIETA
(Name of Contact Person)

(Firm/Company)

2250 NW 114th AVE #1C
(Address)

MIAMI FL 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

LETICIA GONZALEZ at (321) 948-8880
(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

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

12 FEB -1 PM 12:44

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SAB BUSINESS ENTERPRISES INC.

SECOND: The document number of the corporation (if known): P10000071397

THIRD: The date dissolution was authorized: 2/1/2012

Effective date of dissolution if applicable: 2/1/2012
(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 of 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

(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)

EDUARDO AULE

(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: SAA BUSINESS ENTERPRISES 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:

Store was closed by JOSE LUIS LOCCI ARRIETA
IN APRIL 2011. All Store Assets AND PATRONS WAS
taken by above named person there are currently no
REMAINING ASSETS OR PROPERTY IN THIS CORPORATION

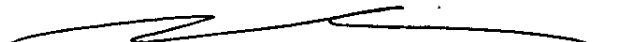
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

LEWIS GONZALEZ
JOSE LUIS LOCCI ARRIETA
2250 NW 114th AVE #1C
MIAMI FL 33172

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.

EDUARDO AVILA

Printed Name of the Person Filing



Signature of the Person Filing