

# P10000102122

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.  
Account Number : I20070000037  
Phone : (954) 752-4553  
Fax Number : (954) 752-4522

**DISSOLUTION OR WITHDRAWAL  
JULIO MENDONCA SERVICES, INC**

Certificate of Status	0
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**DISSOLUTION OF CORPORATION**  
**SUBJECT:** \_\_\_\_\_

**DOCUMENT NUMBER:** P10000102122

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

Please return all correspondence concerning this matter to the following:

**GIZANE S VIDAL**

\_\_\_\_\_  
(Name of Contact Person)

**EAGLE TAX REPRESENTATION, CORP**

\_\_\_\_\_  
(Firm/Company)

**4641 N STATE RD 7 STE 18**

\_\_\_\_\_  
(Address)

**COCONUT CREEK, FL - 33073**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Paulo Oliveira, EA** at ( 954 ) 752-4553  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:  
**JULIO MENDONCA SERVICES, INC**

**P10000102122**

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

**07-31-2012**

THIRD: The date dissolution was authorized:

**07-31-2012**

Effective date of dissolution if applicable:

(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

\_\_\_\_\_  
(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)

**GIZANE S VIDAL**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35**

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