P/100007/53

(Requestor's Name)	•
(Address)	
(Address)	
(/ tual 000)	
(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



200229826472

04/19/12--01009--002 **35.00



COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: LAMELAS GROUP OF TAMPA INC	•
DOCUMENT NUMBER: P11000007153	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PHILIP J TESTA	
(Name of Contact Person)	
P J TESTA ACCOUNTANT	
(Firm/Company)	
4726 A N LOIS AVE	
(Address)	
TAMPA, FL 33614	X.
(City/State and Zip Code)	
For further information concerning this matter, please call:	
P J TESTA at (813) 877-9615	•
(Name of Contact Person) (Area Code & Daytime Telephone	Number)
Enclosed is a check for the following amount:	
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fe Certificate of Status Certified Copy (Additional copy is enclosed) (Additional copy enclosed)	tus &
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	LAMELAS GROUP OF TAMPA INC
SECOND:	The document number of the corporation (if known): P11000007153
THIRD:	The file date of the articles of incorporation: 01/21/2011
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.
Sign	ature: (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.)
	LISARDO LAMELAS
	(Typed or printed name of person signing)
	PRESIDENT (Title of Person Signing)
	(The of Federal 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:_LAMELAS GROUP OF TAMPA, 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: COMPANY HAS CEASED OPERATIONS Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 10003 VISTA POINTE DR TAMPA, FL 33635 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.

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

LISARDO LAMELAS

Printed Name of the Person Filing