711000016325

(Requestor's Name)
(Address)
(Address)
(Mariess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Emily Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500257176585

03/03/14--01031--009 **35.00

14 MAR -3 AHII: 59
SECRETARY OF STATE
STATE OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF S

MAR 0 5 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: EEZEE TRADING, IN	IC
DOCUMENT NUMBER: P1100001632	25
The enclosed Articles of Dissolution and fee are sub-	
Please return all correspondence concerning this matt	er to the following:
LOUANA OLIVEIRA	
(Name of Contact Pe	erson)
(Firm/Compan	у)
200 S. ANDREWS AVE, SUI	TE 101
(Address)	·
FT. LAUDERDALE, FL 3330	
(City/State and Zip	Code)
For further information concerning this matter, please	call:
LOUANA OLIVEIRA at (305 ₎ 716-9775 x6012
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifie	Filing Fee & \$\sigma\$ \$52.50 Filing Fee, d Copy 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

14 MAR -3 AM II: 59

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	EEZEE TRADING , INC		
SECOND:	The document number of the corporation (if known): P11000016325		
THIRD:	The date dissolution was authorized: 12/20/2013		
	Effective date of dissolution if applicable: 12/20/2013 (no more than 90 days after dissolution file date)		
	(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)		
	11-		
!	Signature:		
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the lands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	FABIO ACQUATI DE CARVALHO		
	(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: EEZEE TRADING, 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:

NO SUFFICIENT BUSINESS WAS CONDUCTED SINCE		
IT'S FOUDATION.		
·		
ALL AT	14 #	
ASSE	<u> </u>	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 5	A 11:59	
671 NW 4TH AVE, SUITE B67	元 で の	i
FT. LAUDERDALE, FL 33311	^[7]	•

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.

FABIO ACQUATI DE CARVALHO

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