P11000017015

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED FILED



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Krome Avenue Coin Lau	ındry, Inc.
DOCUMENT NUMBER: P11000017015	
The enclosed Articles of Dissolution and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Elizabeth Bello, Esq.	
(Name of Contact Person	1)
Elizabeth Bello, P.A.	
200 Crandon Blvd. Suite 313	
(Address)	
Key Biscayne, FL 33149	
(City/State and Zip Cod	le)
For further information concerning this matter, please call	:
Elizabeth Bello, Esq. at (30)	5 361-2944
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Certified Co (Additional cenclosed)	
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:

:	The document number of the corporation (if known): P11000017015				
	The date dissolution was authorized: September 5, 2014				
	Effective date of dissolution if applicable: Date Articles of Dissolution File (no more than 90 days after dissolution file date)				
:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	dissolutio			
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group entitl to vote separately on the plan to dissolve:	'ed			
	The number of votes cast for dissolution was sufficient for approval by				
	(voting group)	SECRET TALLAH			
Si	ignature: (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)	TARY OF STATE ASSEE, FLORIDA			
(Christina Martinez				
	(Typed or printed name of person signing)				

Filing Fee: \$35