Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : 120000000083

Phone : (305) 932-6262 Fax Number : (305)933-9393

DISSOLUTION OR WITHDRAWAL LOS NINOLOS CORP

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LOS NINOLOS COR	P
DOCUMENT NUMBER: P110000720	
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	
Daniel J. Serber	
(Name of Contact	Person)
Serber & Associates P.A.	÷ ***
(Firm/Compa	any)
2875 NE 191st. Street- Suite	e 801
(Address)	
Aventura, Florida, 33180	
(City/State and Z	ip Code)
For further information concerning this matter, plea	se call:
Maria Marta Calderon at	305 932-6262
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Addi	75 Filing Fee & \$\sigma\$ \$\\$52.50 Filing Fee, fied Copy tional copy is osed) \$\sigma\$ \$\sigma\$ \$\text{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

	ARTICLES OF DISSOLUTION
Pursuant to s of dissolutio	The state of the s
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
SECOND:	The document number of the corporation (if known): P11000072052
THIRD:	The date dissolution was authorized:
	Effective date of dissolution <u>if applicable:</u> (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)
5	Signature:
	(By a director, president or other officer - if directors or officers have not peen selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Sergio Furman
	(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 Corpo	ration: LOS NINOLOS CORP
	ion will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.
Description of i	nformation that must be included in a claim:
Mailing address	s where claims can be sent: (Claims cannot be sent to the Division of Corporations) Serber & Associates P.A.
	2875 NE 191St. Street - Suite 801
	Aventura, Florida, 33180
	Attn. Daniel J. Serber
	the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.
Sergio Fe	urman
	Printed Name of the Person Filing Signature of the Person Filing