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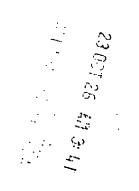
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COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: Dissolution of Horizons Electronics Av	ventura, Inc
DOCUMENT NUMBER: P1200000499	
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
ERICA MIZRAHI	
(Name of Co	ontact Person)
(Firm/6	 Company)
9429 HARDING AVE #139	
(Add	ress)
SURFSIDE, FL 33154	
(City/State	and Zip Code)
For further information concerning this matte	r, please call:
ERICA MIZRAHI	305-761-1612 at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	:
Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
Mailing Address:	Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



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

The name of the corporation as currently filed with the Florida Department of State:

FIRST:

	HORIZONS ELECTRONICS AVENTURA, INC	
SECOND:	P1200000499 The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: 9/27/2023	
	(no more than 90 days after dissolution file date) Note: It'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.	
9	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)	
	YACKOV SWISSA	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	

Filing Fee: \$35