P12000048438

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
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(Document Number)			
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C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: FINAL DISOLUTION		
DOCUMENT NUMBER: P12000048438		
The enclosed Articles of Dissolution and fee are submitted	ted for filing.	
Please return all correspondence concerning this matter to	o the following:	
GUILLERMO SALOMON		
(Name of Contact Perso	n)	
L24, CORP		
(Firm/Company)		
11159 NW 80th Lane		
(Address)		
Doral, FL 33178		
(City/State and Zip Co	de)	
For further information concerning this matter, please cal	11:	
GUILLERMO SALOMON at (78	397-0980	
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
■ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee Certificate of Status Certified C (Additional enclosed)	Copy Certificate of Status & Certified Copy	
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

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14 MAR 20 PM 4: 01 Pursuant to section 607.1403, 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: L24, CORP The document number of the corporation (if known): P12000048438 SECOND: The date dissolution was authorized: 03/01/2014 THIRD: Effective date of dissolution if applicable: 03/01/2014 (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 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) GUILLERMO SALOMON (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: <u>L24</u>, CORP

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:

REGARDING L24, CORP	世紀		
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Mailing address where claims can be sent; (Claims cannot be sent to the Division of Corporations)

11159 NW 80TH LANE	
DORAL, FL 33178	

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.

GUILLERMO SALOMON

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