## P13000003464

(Re	equestor's Name)	
(Ad	ldress)	
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 (Cit	ty/State/Zip/Phone	e #)
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T. BROWN

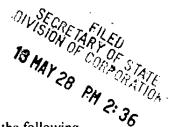
## COVER LETTER

TO: Amendment Section **Division of Corporations** Dissolution of Unique Restoration of Florida Inc. P13000003464 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brad Barnholtz, Esq. (Name of Contact Person) Barnholtz & Kugler (Firm/Company) 27240 Turnberry Ln., Ste. 200 (Address) Valencia, CA 91355 (City/State and Zip Code) For further information concerning this matter, please cail: at (661 **Brad Barnholtz** Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:  Unique Restoration of Florida Inc.		
SECOND:	The document number of the corporation (if known): P13000003464		
THIRD:	The file date of the articles of incorporation: January 10, 2013		
FOURTH:	(CHECK AT LEAST ONE BOX)		
•	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	IXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	☐ A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	(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.)  Orly Caspi  (Typed or printed name of person signing)  Vice 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: Unique Restoration of Florida 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:

Full name, address, and telephone number of Claimant, along with a brief description of the nature of the claim and the total amount of the claim being made. If the Claimant is an entity, then the Claimant shall include the full name and title of the individual making the claim on behalf of the entity, in addition to the other information as stated herein.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Barnholtz & Kugler
Attn: Brad C. Barnholtz
27240 Turnberry Ln., Ste. 200
Valencia, CA 91355

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.

Orly Caspi

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