PBOOK			
(Requestor's Name) (Address) (Address)		00030 ⁻	1809540
(City/State/Zip/Phone #)	ت _ ا	07/27./17-	-01 00 70 0 7 **35.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			DEFC STUDIES
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COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: Relancios Meuls?

Tholuce MarkaTINC

DOCUMENT NUMBER:

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blando RAMILEZ (Name of Contact Person)

130000

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Rolandi Ment E Vivilace (Firm/Company)

(Address)

32333

(City/State and Zip Code)

For further information concerning this matter, please call:

Bolando BAMINE al \$50- 728-3064 rea Code) (Davtime Telephone Number)

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 (Additional copy is enclosed)

Certificate of Status & Certified Copy (Additional copy is enclosed)

STREET ADDRESS:

Amendment Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

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:

	Rolandes Meals and fielduce Markel 3
SECOND:	The document number of the corporation (if known): P13000051370
THIRD:	The date dissolution was authorized: $2 - 32 - 12$
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date) <u>Note:</u> If 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 pepartment of State's records.
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	\Box Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to reach 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)
	Signature:
	an morporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Relasib RAMIEZ
	(Typed or printed name of person signing)

(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>Bolandos Mece (su)</u> Market

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:

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

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.

Spando

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