

P13 000060545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

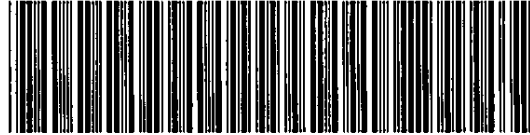
(Business Entity Name)

(Document Number)

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2016 JUL 11 AM 5:55  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUL 15 2016

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2016

YURI DE CASTROVERDE  
SPANISH CREATIONS CATERING INC  
452 NW 32 PLACE  
MIAMI, FL 33125

SUBJECT: SPANISH CREATIONS CATERING INC  
Ref. Number: P13000060545

We have received your document for SPANISH CREATIONS CATERING INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 516A00014111

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SPANISH CREATIONS CATERING INC

**DOCUMENT NUMBER:** P13000060545

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

Please return all correspondence concerning this matter to the following:

YURI DE CASTROVERDE

Name of Contact Person

SPANISH CREATIONS CATERING INC

Firm/Company

452 NW 32 PLACE

Address

MIAMI, FL 33125

City/State and Zip Code

YURIDECASTROVERDE@YAHOO.ES

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YURI DE CASTROVERDE

Name of Contact Person

At ( 786 ) 395-1167

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
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

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

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

SPANISH CREATIONS CATERING, INC.

SECOND: The document number of the corporation (if known): P13000060545

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☒ The date of meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_. The number of votes cast by the members was sufficient for approval.

☒ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was \_\_\_\_\_.

The number of directors in office was \_\_\_\_\_ and the vote for resolution was \_\_\_\_\_ for and \_\_\_\_\_ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

**Note:** 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 Department of State's records.

Signature: \_\_\_\_\_

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

YOMI DE CASTRO VENDE  
(Typed or printed name of person signing)

OWNER  
(Title of person signing)

Filing Fee: \$35

FILED  
2016 JUL 1 AM 5:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA