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. <u>C</u>	OVER LETTER
TO: Amendment Section Division of Corporations	
SUBJECT:	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
AMARILYS SANCHEZ	
(Name o	f Contact Person)
6800 SW 68th ST	· · ·
(Fi	rm/Company)
(Address)
MIAMI, FL 33143	(((((())))))))))))))))))))))))))))))))
(City/S	tate and Zip Code)
For further information concerning this m	atter, please call:
SANCHEZ, AMARILYS	786) 286-1245 at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number
Enclosed is a check for the following amo	punt:
□ \$35 Filing Fee	 S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 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	<u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303