P13000081988

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
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05/20/14--01001--023 **35.00



Dissolution

80/2/14 10/4/14

COVER LETTER

Division of Corporations
SUBJECT: ROBERT CUEVAS APPLIANCE REPAIR, INC
DOCUMENT NUMBER: P13000081988
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT CUEVAS
(Name of Contact Person)
(Firm/Company)
22350 ORANGE BLOSSOM LN
(Address)
EUSTIS, FL 32736
(City/State and Zip Code)
For further information concerning this matter, please call:
ROBERT CUEVAS at (352) 551-4915
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
■ \$35 Filing Fee U \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) ■ \$35 Filing Fee U \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

	ARTICLES OF DISSOLUTION FILED
Pursuant to sof dissolution	section 607.1403. Florida Statutes, this Florida profit corpognation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the prida Department of State: ROBERT CUEVAS APPLIANCE REPAIR, INC
SECOND:	The document number of the corporation (if known): P13000081988
THIRD:	The date dissolution was authorized: 05/15/14
	Effective date of dissolution <u>if applicable:</u> 05/15/14 (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
	(voting group)
5	(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)
	ROBERT CUEVAS
	(Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

PRESIDENT

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 Corpora	ation: ROBERT CUEVAS APPLIANCE REPAIR, INC	
	on will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.	
Description of in	formation that must be included in a claim:	
).		
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
-		
,, - -		
	the above named corporation will be barred unless a proceeding to enforce the claim is conter the filing of this notice.	mmenced
ROBERT	CUEVAS	
,	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