P140000049834

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



700364893377

04/26/21--01016--025 **35.00

2021 APR 26 AH 10: 56 SECRETARY OF STATE

AUS 0 1 2021 D COMMELL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:disso	olution of corporation		
DOCUMENT NU	JMBER: P14000049834		
The enclosed Arti	icles of Dissolution and f	ee are submitted for filing	ļ.
Please return all co	orrespondence concerning	g this matter to the follow	ing:
Amanda Sampaio Bo	va		
	(Name of	Contact Person)	
Law Firm of Amanda	a Sampaio, P.A.		
· <u>-</u>	(Firr	n/Company)	
2481 DINNEEN			
	(A	ddress)	
Orlando, FL 32804			
	(City/Sta	te and Zip Code)	
For further inform	ation concerning this ma	tter, please call:	
Amanda Sampaio Bo	va	at (407) 415	-6906
(Name	of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
■ \$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)
3.6 '12' 4.11		S4	

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Law Firm of Amanda Sampaio, P.A.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date of the articles of incorporation:		
FOURTH:	None of the corporation's shares have been issued.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.		
SEVENTH:	A majority of the incorporators or 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.) Amanda Sampaio Bova		
	(Typed or printed name of person signing)		
	President and Registered Agent		
	Filing Fee: \$35		
	E.FLORIDE		

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:	
The above named corporation is the subject of dissolution and the	effective date of a dissolution is: 4/22/2021
(date filed with the Dept. if date specified i	n the Articles of Dissolution)
Description of information that must be included in a claim:	2
All pertinent information	921 AF SECRI TAL
	AA 2
	RYON N
	<u> </u>
Mailing address where written claims can be sent: (Claims cannot 2481 DINNEEN AVE., ORLANDO, FL 32804	be sent to the Division of Corporations)
A claim against the above named corporation will be barred unless within 4 years after the filing of this notice.	a proceeding to enforce the claim is commenced
Amanda Sampaio Bova	Alle-
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