Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : I20090000072 Phone : (954)356-2905 Fax Number : (954)337-8346

DISSOLUTION OR WITHDRAWAL LATINA 150498 RECORDS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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SECTIONS OF STATE
FALL VINASSEE, FLORIDA

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TO: Amendment Section

Tallahassee, FL 32314

COVER LETTER

From: Jacqueline Rodriguez

Division of Corporations		
SUBJECT: LATINA 150498 RECORDS, INC.		
DOCUMENT NUMBER: P14000089706		
The enclosed Articles of Dissolution and t	ee are submitted for filin	g.
Please return all correspondence concerning	g this matter to the follow	ving:
JACQUELINE F RODRIGUEZ		
(Name of	Contact Person)	
WESTON CORPORATE ADMINISTRATION LL	.C	
(Fin	n/Company)	
777 BRICKEL AVE., SUITE 500-96623		
(A	ddress)	
MIAMI, FL 33131		
(City/Sta	te and Zip Code)	
For further information concerning this ma	tter, please call:	
JACQUELINE F RODRIGUEZ	954 278 8041 at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address:	· · · · · · · · · · · · · · · · · · ·	t Address:
Amendment Section Division of Corporations		ndment Section ion of Corporations
P.O. Box 6327		Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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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:

	LATINA 150498 RECORDS, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	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.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature: (By a director, president of other officer - if directors or officers have not been selected, by the selected of the fiduciary) of the fiduciary of

Filing Fee: \$35

To: +18506176380

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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: 12/07/2021	. .
(date filed with the Dept. if date specified in the Articles of Dissolution)	
Description of information that must be included in a claim:	
NAME OF CLIENT	
DATE OF CLAIM/ OCCURANCE	~=
DETAILS OF CLAIM	-
BILL/INVOICE, IF ANY FOR AMOUNT CLAIMED	••
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)	
2906 NW 108TH AVE, DORAL, FL 33172	FILED
	→ P
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenc within 4 years after the filing of this notice.	- ed
JOSE RIVERO	
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