

/Pa	auestors Name)	
(Requestor's Name)		
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	
(Cit	y/State/Zip/Priorie	**)
		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
	cument Number)	
(50	cument Number,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JUL 21 2015 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CACATA DE AMOR INC				
DOCUMENT NUMBER: P15000034972				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JUANA J SANCHEZ HERNANDEZ				
(Name of Contact Person)				
CACATA DE AMOR INC				
(Firm/Company)				
356 NE 31 TE				
(Address)				
HOMESTEAD FL 33033				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
JUAN J SANCHEZ HERNANDEZ at () 903-1751 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
■\$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS: Amendment Section 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

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: CACATA DE AMOR INC			
SECOND:	The document number of the corporation (if known): P15000034972			
THIRD:	4/17/2015			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	☐ The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.		ਜ਼ ,	
SIXTH:	The net assets of the corporation remaining after winding up have been distrib to the shareholders, if shares were issued.	X	jiji_ 20	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		100 mg	į
	A majority of the incorporators authorized the dissolution.		(3) (2)	
	A majority of the directors authorized the dissolution.	37	ψΣ	
Sign	Adure: (By a director, president or other officer - if directors or officers have not been selected, by an ince in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orporator ·	- if	_
	JUANA J SANCHEZ HERNANDEZ			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of Person Signing)			

Filing Fee: \$35

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:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
NO DEBTS OR TRANSACTIONS PENDING
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
356 NE 31 TE
MIAMI FL 33033
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
JUANA J SANCHEZ HERNANDEZ
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

COVER LETTER

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Division of Corporations		
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(Ac	ldress)	
HOMESTEAD FL 33033		
(City/Stat	e and Zip Code)	
For further information concerning this matter	ter, please call:	
JUAN J SANCHEZ HERNANDEZ	at (³⁰⁵) 903-1751	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
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■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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	

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•	1 811/
JUANA J SANCHEZ HERNANDEZ	- Julian
Printed Name of the Person Filing	Signature of the Person Filing

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