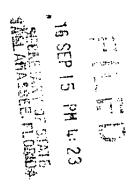
P150000 39680

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL -
(Ві	ısiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
n it	Office Use Onl	y



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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DEAN GABRIEL WILLIAMS CO	ONSULTING OF MIAMI INCORPORATED
DOCUMENT NUMBER: P15000039680	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
DEAN GABRIEL WILLIAMS	
(Name o	f Contact Person)
(Fi	rm/Company)
POBOX 4028	
(Address)
TAMPA, FLORIDA, 33677	
(City/S	tate and Zip Code)
For further information concerning this m	natter, please call:
DEAN GABRIEL WILLIAMS	954.943.8499 at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
□ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	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

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: DEAN GABRIEL WILLIAMS CONSULTING OF MIAMI INCORPORATED		
SECOND:	. P15000039680		
THIRD:	The date dissolution was authorized: 26 AUGUST 2016		
	Effective date of dissolution <u>if applicable:</u> (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		
FOURTH:	not be listed as the document's effective date on the Department of State's records. 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		
	SOLE & CONTROLLING SHAREHOLDER		
	(voting group)		
	Signature:		
	(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)		
	DEAN GABRIEL WILLIAMS		
	(Typed or printed name of person signing)		
	CORPORATION DIRECTOR		
	(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. DEAN GABRIEL WILLIAMS CONSULTING OF MIAMI INCORPORATED 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: **BUSINESS CONTRACT** Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) POBOX 4028, TAMPA, FL., 33677 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. DEAN GABRIEL WILLIAMS Printed Name of the Person Filing