

12/14/2015

P15000061723

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000294257 3)))



H150002942573ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SERVICIOS COMUNITARIOS LATINOS INC
Account Number : I20080000080
Phone : (305)642-1090
Fax Number : (305)642-1010

**DISSOLUTION OR WITHDRAWAL
PRO ELEVATOR COMPANY INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED
15 DEC 15 AM 11:33

FILED
15 DEC 15 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VD w/Notice

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 16 2015

D CONNELL



December 15, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PRO ELEVATOR COMPANY INC
1274 NW 79 STREET
205
MIAMI, FL 33147US

SUBJECT: PRO ELEVATOR COMPANY INC
REF: P15000061723

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX And. #: H15000294257
Letter Number: 015A00026180

RECEIVED

15 DEC 15 AM 11:33

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRO ELEVATOR COMPANY INC

DOCUMENT NUMBER: P15000061723

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HOLLMAN MARENCO

(Name of Contact Person)

PRESIDENT

(Firm/Company)

1274 NW 79 ST APT 205

(Address)

MIAMI, FL. 33147

(City/State and Zip Code)

For further information concerning this matter, please call:

HOLLMAN MARENCO

at (786) 623-9385

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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)

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

H15000294257 3

150002942573

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:
PRO ELEVATOR COMPANY INC

SECOND: The document number of the corporation (if known): P15000061723

THIRD: The file date of the articles of incorporation: 12/12/2015

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.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: X [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.)

HOLLMAN MARENCO

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

15 DEC 15 PM 3:59
FILED
HOLLAND COUNTY
CLERK OF CIRCUIT COURT
#150002942573

HI5000294257

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: PRO ELEVATOR COMPANY INC

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:

N/A

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

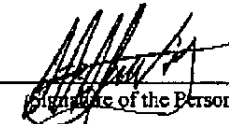
1274 NW 79 St #205

Miami, FL 33147

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.

HOLLMAN MARENCO

Printed Name of the Person Filing

X 
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

HI5000294257 3