

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Office Use Only



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06/23/17--01017--008 ++43.75

JUL 20 2017



June 29, 2017

DIANA CARDENO 5690 NW 40 TERRACE COCONUT CREEK, FL 33073

SUBJECT: DIANA CARDENO PA Ref. Number: P15000094909

We have received your document for DIANA CARDENO PA and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The revocation of dissolution form cannot be filed on an active corporation. Please see the enclosed information if it is your intent to dissolve the corporation.

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.

Letter Number: 317A00013181

Rebekah White Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: <u><u>Revocation</u></u>	of Dissolution				
DOCUMENT NUMBER:PISO 000 94900					
The enclosed Articles of Dissolution and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Diana	Cardeno				
(Name of Contact Person)					
Diana Cardeno, PA					
(Firm/Con	npany)				
5690 NW 40	Terr				
Coconut Creek FL 33073					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Name of Contact Person) at (954 247 7407 (Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following amount:					
Certificate of Status Ce (Ac	3.75 Filing Fee & S52.50 Filing Fee, rtified Copy Iditional copy is aclosed)  S52.50 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

Tallahassee, FL 32314

## 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:  DIANA CAVUNC, PA
SECOND:	The document number of the corporation (if known): P150000 94 900
THIRD:	The date dissolution was authorized: 06/01/17
	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 wil
	not be listed as the document's effective date on the Department of State's records.
FOURTH:	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 east for dissolution was sufficient for approval by
	Diana Cardeno
	(voting group)
	$\int \int d^{3}x dx$
	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)
	Typed or printed name of person signing)
	Sole 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 Di	ssolution" is optional and is	not required when filing a v	oluntary dissolution.
Name of Corporation:	Dioma	Cardeno,	PA
Date of dissolution will be the specified in the Articles of Di		with the Department of State	te or as
Description of information th	at must be included in a claim	m:	
Revocat	ion of Dis	solution	
		<del>_</del>	<u> </u>
Mailing address where claims			
269	0 NW 40.	Teir	
Coc	onut Creek	FL 3307	3
	**		
A claim against the above na	ned corporation will be barr	ed unless a proceeding to en	force the claim is commenced
within 4 years after the filing	of this notice.		
	Cardino		Inot
Printed Name	of the Person Filing	Signature	of the Person Filing