# P16000003182

(Requestor's Name)  (Address)  (Address)	200304446
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/19/170101S0
(Business Entity Name)  (Document Number)	S TALLENT OCT 20 2017
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	MDWI notice

Office Use Only



3142

Ĵ15 - \*†55.ÛÛ

## COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: AGNES IS HERE INC		
DOCUMENT NUMBER: P16000003183	2	
The enclosed Articles of Dissolution and	l fee are submitted for filir	g.
Please return all correspondence concern	ing this matter to the follow	wing:
JULIO C DE LOS RIOS		
(Name o	of Contact Person)	<u></u>
DLR PROFESSIONAL SERVICES INC		
(Fi	irm/Company)	* * * * * * * * * * * * * * * * * * * *
5740 HOLLYWOOD BLVD SUITE 600		
(	(Address)	
HOLLYWOOD, FL 33021		
(City/S	tate and Zip Code)	<u> </u>
For further information concerning this n	natter, please call:	
JULIO C DE LOS RIOS	at (at) 816-4119	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	ount:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		\$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 of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles ion:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:  AGNES IS HERE INC
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: 10/01/2017 (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:	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
	Signature: (voting group)  (voting group)  Signature: 33
	(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)
	AGNES BOBEK
	(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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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

Signature of the Person Filing

AGNES BOBEK

Printed Name of the Person Filing