# P16000082150

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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### **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations RHONDA FL, INC. a Florida Corporation SUBJECT: P16000082150 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Giovani Mesa (Name of Contact Person) Sachs Sax Caplan, P.L. (Firm/Company) 6lll Broken Sound Parkway NW, #200 (Address) Boca Raton, FL33473 (City/State and Zip Code) For further information concerning this matter, please call: Giovani Mesa (Area Code) (Daytime Telephone Number) (Name of Contact Person) 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 Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## FILED

#### ARTICLES OF DISSOLUTION

2022 MAR 14 AM 9: 14

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation subject the following aniples of dissolution:

The name of the corporation as currently filed with the Florida Department of State:

FIRST:

	RHONDA FL. INC. a Florida Profit Corporation
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	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 will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	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)
	Daniel A. Kaskel
	(Typed or printed name of person signing)
	Authorized Representative
	(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: RHONDA FL, INC. a Florida Corporation The above named corporation is the subject of dissolution and the effective date of a dissolution is:  $\frac{3/8/2022}{1}$ (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Name of the debtor, address of the debtor, telephone number of debtor, email address of the debtor, amount of claim, and copy of documents evidencing claim. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 6111 BROKEN SOUND PKWY NW, SUITE 200, BOCA RATON, FL 33487 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

Daniel A. Kaskel

Printed Name of the Person Filing