P17000004301

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2003
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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: SEVEN STARS MARKET CORP P17000004301 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUIS R. SMITH (Name of Contact Person) TAXES USA LLC (Firm/Company) 11402 NW 41ST STREET SUITE 211 (Address) **DORAL, FL 33178** (City/State and Zip Code) For further information concerning this matter, please call: LUIS R. SMITH (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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: SEVEN STARS MARKET CORP	
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 of not be listed as the document's effective date on the Department of State's records.	late will
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter the articles of incorporation.	and The Asset Transition
s	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)	_
1	FIDELINA A OTHMAN	
•	(Typed or printed name of person signing)	
1	PRESIDENT	
-	(Title of person signing)	_

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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: The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: THE BUSINESS NO LONGER HAS ACTIVITY IT IS CLOSED
Description of information that must be included in a claim:
THE BUSINESS NO LONGER HAS ACTIVITY IT IS CLOSED
Mailing address where written 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.
FIDELINA OTHMAN Printed Name of the Person Filing Signature of the Person Filing

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