P17000012450

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
Q. 8	SILAS	
JUN 1	10 2022	
	6	[7/22]

Office Use Only



900385216719

04/11/22--01044--017 **25.00

SECRETARY OF STATE



RECEIVED

2022 JUN -7 PM 12: 08

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECALLANY, SSEE, FL

May 19, 2022

ADOLFO HERRERA ALVARADO 7610 NW 1ST ST #207 MARGATE, FL 33063

SUBJECT: A. H. ALVARADO P. A. Ref. Number: P17000012450

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 607.1407 or 617.1047, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

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.

Querida R Silas Regulatory Specialist II

Letter Number: 422A00011492

COVER LETTER

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION
DOCUMENT NUMBER: 82-145-4904
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADOLFO HERRERA ALVARADO (Name of Contact Person)
(Firm/Company)
7610 NW 1St ST, # 207 (Address)
MARGATE FL - 33063 (City/State and Zip Code)
For further information concerning this matter, please call:
ADOLF O H. ALVARADO at (305-905-0764) (Name of Contact Person) (Area Code) (Daytime Telephone Number
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status \$\Bigcup \\$Certified Copy (Additional copy is enclosed) \$\Bigcup \\$35 Filing Fee & Certified Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The 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

SECRETARY OF STATE
TALLAHASSEE, FL

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	AHALVARADO PIA.	
SECOND:	The document number of the corporation (if known): $62-145-4904$	
THIRD:	The date dissolution was authorized: $OZ - O) - ZOZZ$.	
	Effective date of dissolution if applicable: $0z-01-202z$	
	(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: DDS	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	ADOLFO HERRERA ALVARAPO (Typed or printed name of person signing)	
	(Title of person signing)	

Filing Fee: \$35