P17000059315

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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: GUAVMAD92 Corporation P17000059315 DOCUMENT NUMBER: ____ The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PRIVAT, SYLVIE (Name of Contact Person) **GUAVMAD92 CORPORATION** (Firm/Company) 1751 NE Pine Island Road #155 (Address) Cape Coral, FL 33909 (Citv/State and Zip Code) For further information concerning this matter, please call: at (239) 227-0261 (Area Code & Daytime Telephone Number) Sylvie Privat (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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	GUAVMAD92 CORPORATION
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: 07/12/2017
FOURTH:	None of the corporation's shares have been issued.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
SEVENTH	: A majority of the incorporators or directors authorized the dissolution.
Sign	nature: (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.)
	Sylvie PRIVAT
	(Typed or printed name of person signing)
	Treasurer
	(Title of Person Signing)

Filing Fee: \$35