

P 19000036257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

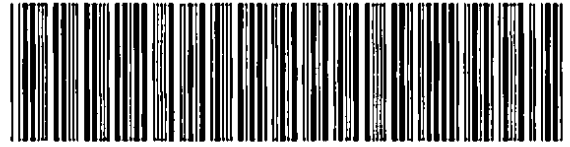
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

description - 304

Office Use Only



000329412960

07/12/13

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS
19 JUL -5 AM 11:36

*Dissolution /
w/ notice*

JUL 08 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CANCELLATION

DOCUMENT NUMBER: P190036257

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA J. GONZALEZ

(Name of Contact Person)

TM SONIDO TOTAL CORP

(Firm/Company)

10854 N KENDALL DR. UNIT #417

(Address)

MIAMI, FL 33176

(City/State and Zip Code)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 JUL -5 AM 11:30

For further information concerning this matter, please call:

MARIA JULIA GONZALEZ at (305) 632 3170
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2019

MARIA J GONZALEZ
TM SONIDO TOTAL CORP
10854 N KENDALL DR., UNIT #417
MIAMI, FL 33176

SUBJECT: TM SONIDO TOTAL CORP
Ref. Number: P19000036257

We have received your document for TM SONIDO TOTAL CORP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you are going to include the notice of dissolution you must list the description of information that you want 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.

Diane Cushing
Senior Section Administrator

Letter Number: 619A00010700

RECEIVED

2019 JUL -5 PM 12:08

SECRET
TALL

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:

TM SONIDO TOTAL CORP

SECOND: The document number of the corporation (if known): P19000036257

THIRD: The file date of the articles of incorporation: 05-01-2019

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

MARIA J. GONZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS
19 JUL -5 AM 11:34

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: TM SONIDO TOTAL CORP

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:

05-01-2019
Business never commenced or performed any
Transactions

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

10854 N. KENDALL DR
Unit #417
MIAMI, FL 33176

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.

MARIA J. GONZALEZ
Printed Name of the Person Filing

Maria J. Gonzalez
Signature of the Person Filing

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