# P20000004348

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## COVER LETTER

TO:	Amendment Section		
	Division of Corporations		

RIZN SHINE CLEANING SERVICE INC

DOCUMENT NUMBER: P20000004348

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

Please return all correspondence concerning this matter to the following:

GLADIOLA RIZE

(Name of Contact Person)

RIZN SHINE CLEANING SERVICE INC

(Firm/Company)

1204 SPOTTED LILAC LANE

(Address)

PLANT CITY, FL 33563

(City/State and Zip Code)

For further information concerning this matter, please call:

GLADIOLA RIZE (Name of Contact Person)		at ( <sup>813-506-288</sup> (Area Code) (Daytime Telephone Number)	
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	<ul> <li>\$43.75 Filing Fee &amp; Certified Copy (Additional copy is enclosed)</li> </ul>	<ul> <li>\$52.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(Additional copy is enclosed)</li> </ul>

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

#### Street Address:

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:			
	RIZN SHINE CLEANING SERVICE INC			
SECOND:	P20000004348 The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: 01/01/2023			
	(no more than 90 days after dissolution file date) (no more than 90 days after date) (no more than 90 days a			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			

Signature: 7.er

(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)

GLADIOLA RIZE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35