## P21000053135

(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:				
umils:				





600424207076

02/21/24--01025--024 \*+55.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Requesting to have account close				
DOCUMENT NUMBER: 42/00052/36				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
May solo Klavel				
(Name of Contact Person)  Reyes Lencole (10) Corp				
1531 Dexel Rd (24 392				
West form Beach, FL 33417				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (56) 475-6871  (Name of Contact Person) (Area Code) (Daytime Telephone Number)				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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 (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)				
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 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 Departme	ent of S	State:	
	MAY Soto HIGUE G& REYES REMO	<u>)DE</u> LIN	IG COF	\P
SECOND:	The document number of the corporation (if known):			<del></del>
THIRD:	The date dissolution was authorized: 323			<del></del>
	Effective date of dissolution if applicable:	<del> </del>		
	(no more than 90 days after disso <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing req not be listed as the document's effective date on the Department of State's records.			date will
FOURTH:	Dissolution was approved by the shareholders, in the manner required by the articles of incorporation.	this c	hapter	and
		SEC .	2024 FEB 2 I	T
c			PM 1: 05	
S	(By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)	, by , by		
•	(Typed or printed name of person signing)			
	gurss. President			
_	(Title of person signing)			

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: Langer landing Co.
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:
Moved out of State of Florida
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)  3181 S. A. And Toul Grandson FC 33463  ATIN: DUSTWIN ARM
P.TIN. / JONSANIA AKAK
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Printed Name of the Person Filing Signature of the Person Filing

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