# P21000015360

(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:	
(Address)  (City/State/Zip/Phone #)  (PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  (PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
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Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Business Entity Name)
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Special Instructions to Filing Officer:	(Document Number)
Special Instructions to Filing Officer:	
	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:
J. HORNE	
FEB - 5 2025	FED - 5 2025
FED - 3 FOTS	FED = 3 2022

Office Use Only



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2025 F.E.B - 4 AM 11: 27

Tallhassee, FL 32301 Phone: 850-558-1500						
ACCOUNT NO. : 12000000195						
REFERENCE :						
AUTHORIZATION :						
AUTHORIZATION : COST LIMIT : \$35.0						
ORDER DATE : 02/04/2025						
ORDER TIME :						
ORDER NO. :						
CUSTOMER NO:						
. DOMESTIC FILINGS						
NAME:						
ARTICLES OF DISSOLUTION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON:						
EXAMINER'S INITIALS:						

CORPORATION SERVICE COMPANY

1201 Hays Street

### **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT:					
DOCUMENT NUMBER: P21000	oo 75360				
The enclosed Articles of Dissolution and fe	ee are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
KENNETH J COHEN	Cartage Paragray				
(Name of Contact Person)  ATLANTIC PACIFIC LEWAL MANAGEMENT INC					
(rırm	n/Company)				
161 NW GAY STREET	<u> </u>				
(AC	ddress)				
MIAMI, FL 33136					
(City/Stat	e and Zip Code)				
For further information concerning this mat	ter, please call:				
KENNETH J COHEN	at ( 305 867 2245				
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount	nt:				
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

#### ARTICLES OF DISSOLUTION

2025 FEB 4 12:28 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:
	ATRANTIC PACIFIC RENTAL MANABEMENT INC
SECOND:	The document number of the corporation (if known): P21000075366
THIRD:	The date dissolution was authorized: DECEMBER 31, 2024
	Effective date of dissolution if applicable: DECEMBER 31, 2024
	(no more than 90 days after dissolution (ile 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: Mannell )/16
	(By a director, president or other office of directors or officers have not been selected, by an incorporator - if in the hands of breceiver, trustee, or other court appointed fiduciary, by that fiduciary)
	KENNETH J. COHEN
	(Typed or printed name of person signing)
	TREASSLEK
	(Title of person signing)

Filing Fee: \$35 DIS-78001

# 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:_	ATLANTIC	PACIFIC	RENYAL	MANGEMENT INC
The above named corp	oration is the subject	of dissolution	and the effective	ve date of a dissolution is:
DECEMBER	31. 2024			cles of Dissolution)
	(date filed	with the Dept. if date	specified in the Arti	cles of Dissolution)
Description of informa	tion that must be inc	luded in a clair	n:	
		<u></u>		
		<del></del>		
C		·		to the Division of Corporations)
121 74-00 6	20.24	<u> </u>	<u> </u>	
MIMI , FL	- 23136	<u> </u>		
			<u>.</u>	
A claim against the about within 4 years after the	ove named corporation filing of this notice.	on will be barre	ed unless a proc	eeding to enforce the claim is commenced
				1-010
KENNETH J	COHEN ed Name of the Person Fi	··	<i>!</i>	Signature of the Person Finns
Printe	ed Name of the Person Fi	ling		Signature of the Person Pring

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

## **COVER LETTER**

TO: Amendment Section

Division of Corporations						
CUPTEOT						
SUBJECT:						
DOCUMENT NUMBER: P21000 75360						
The enclosed Articles of Dissolution and fee are submitted for filing.						
Please return all correspondence concerning	this matter to the following:					
KENNETH J COHEN	Contact Person)					
(Name of C	Contact Person)					
ATLANTIC PACIFIC CENTAL	MANAGEMENT INC					
(Firm	/Company)					
161 NW GOT STREET.	SU: TE 10プロ Idress)					
(Ad	ldress)					
MIAMI, FL 33136						
(City/State	e and Zip Code)					
For further information concerning this matter, please call:						
KENNETH J COHEN						
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following amour	nt:					
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)					
Mailing Address:	Street Address:					
Amendment Section Division of Corporations	Amendment Section Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
Tallahassee, FL 32314	2413 IN. Montoe Street, Suite 810					

Tallahassee, FL 32303