

P22000012757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

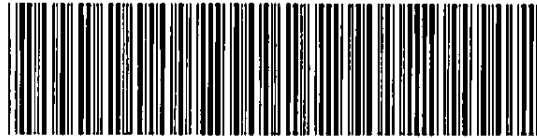
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY - 6 2024

Office Use Only



200427890712

04/18/24--01017--001 **35.00

FILED
2024 APR 18 PM 4:35
STATE
CLERK



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Section 607.1401, Florida Statutes, provides for the dissolution of a corporation that has not issued shares or commenced business.

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

NOTE: A **Notice of Corporate Dissolution** form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

FEES:

| | |
|----------------------------------|--|
| Articles of Dissolution | \$ 35.00 (Includes a letter of acknowledgment) |
| Certified Copy (optional) | \$ 8.75 |
| Certificate of Status (optional) | \$ 8.75 |

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the Amendment Section at (850) 245-6050.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUAREZ VALDEZ TRUCKING INC _____

DOCUMENT NUMBER: P22000012757 _____

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

Please return all correspondence concerning this matter to the following:

YOSBEL SUAREZ VALDES

(Name of Contact Person)

SUAREZ VALDEZ TRUCKING INC

(Firm/Company)

441 NW 215 AVE

(Address)

PEMBROKE PINES, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

YOSBEL SUAREZ VALDES

(Name of Contact Person)

at (954) 3949349

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2024 APR 18 PM 4:35
STATE
CLERK

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:
SUAREZ VALDEZ TRUCKING INC
- SECOND: The document number of the corporation (if known): P22000012757
- THIRD: The file date of the articles of incorporation: 02/11/2022
- 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.

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.)

YOSBEL SUAREZ VALDES

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35