P22000039586

(Re	equestor's Name)	
(Ad	ldress)	
(Ád	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: FILING FOR AISSOLUTION_	
DOCUMENT NUMBER: <u>P22000039584</u>	
The enclosed Articles of Dissolution and fee are submitted f	for filing.
Please return all correspondence concerning this matter to the	e following:
Michelle Rebollo (Name of Contact Person)	
Michelle Rebollo (Firm/Company)	PA.
411 SE 7th AVENUE (Address)	
HIAICAN, FL 330 (City/State and Zip Code)	010
For further information concerning this matter, please call:	
Michelle Rebollo at (305) (Name of Contact Person) (Area)	- 298-2062 Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Fiting Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Certificate of Status Certified Copy (Additional copence on closed)	Certificate of Status &
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:
	Michelle Rebollo PA
SECOND:	The document number of the corporation (if known): P22000039586
THIRD:	The date dissolution was authorized: $3/15/2023$
	Effective date of dissolution if applicable: 3/15/2023 (no more than 90 days after dissolution file 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.
	No profit earned, no snare holders.
\$	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)
	michelle Rebollo
	(Typed or printed name of person signing)
	owner/manager
	(Title of perton cioning)

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: MICHELLE REDOUG 1-1
The above named corporation is the subject of dissolution and the effective date of a dissolution is: 03/15/2
D5/ID/22
(date filed with the Dept. if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
1.0
NA NA
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
N/A
1
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.
Michelle Rebollo ell'alle .
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