Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000430520 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BARBOSA LEGAL Account Number : I20110000049 Phone : (305)501-4680 Fax Number : (305)359-9543

DISSOLUTION OR WITHDRAWAL VALC XXI, CORP.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$43.75

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Help

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

(((H22000430520 3)))

COVER LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT:		_
DOCUMENT NUMBER: P22000045587		_
The enclosed Articles of Dissolution and	fee are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
ILEANA L. YORK		2022
(Name of	Contact Person)	2022 DEC
BARBOSA LEGAL		22
(Fir	m/Company)	AH AH
407 LINCOLN ROAD PH-NE		œ œ
(A	Address)	28
MIAMI BEACH, FL 33139		
(City/Sta	ate and Zip Code)	_
For further information concerning this ma	atter, please call:	
ILEANA L. YORK	at (305-501-4680	
(Name of Contact Person)	(Area Code) (Daytime Telephone N	umber)
Enclosed is a check for the following amor	unt:	
□ \$35 Filing Fee ♣ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:	

Amendment Section

Division of Corporations

Tallabasses El 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

(((H22000430520 3)))

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: VALC XXI CORP
SECOND:	The document number of the corporation (if known): P22000045587
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (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. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13
5	Signature: (By a director, president of 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)
	Iicana York
	(Typed or printed name of person signing)
	Legal Representative
	(Title of person signing)

Filing Fee: \$35

(((H22000430520 3)))

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:	
The above named corporation is the subject of dissolution and the effective date of	of a dissolution is:
(date filed with the Dept. if date specified in the Articles of Dis	ssolution)
Description of information that must be included in a claim:	
Claim must be in writing and state the name and contact information of the party making	the claim and detailed allegations.
	202.
	ن. 1.
	22
	2
Mailing address where written claims can be sent: (Claims cannot be sent to the I	© ⊗ ⊗ Oivision of Corporations)
Barbosa Legal, 407 Lincoln Road, PH-NE, Miami Beach, FL 33139	
A claim against the above named corporation will be barred unless a proceeding within 4 years after the filling of this notice.	to enforce the claim is commenced
ILEANA L. YORK Printed Name of the Person Filing Sign	and United

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