

P96000035759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

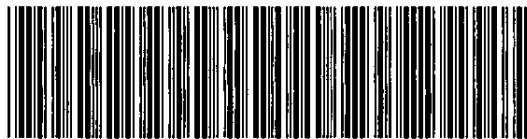
(Business Entity Name)

(Document Number)

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10/12/07--01034--017 **35.00

07 OCT 29 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

diss w/mr

C. Couffette OCT 29 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation
MILA & YOUNG ACCOUNTING & INSURANCE INC.

DOCUMENT NUMBER: 296000035759

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

Please return all correspondence concerning this matter to the following:

Michelle Young

(Firm/Company)

PO Box 22733

(Address)

TAMPA, FL 33622

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Young

(Name of Contact Person)

at (813) 245-1307

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2007

MICHELLE YOUNG
PO BOX 22733
TAMPA, FL 33622

SUBJECT: MILA & YOUNG ACCOUNTING & INSURANCE, INC.
Ref. Number: P96000035759

We have received your document for MILA & YOUNG ACCOUNTING & INSURANCE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 607A00061055

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION

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:

MILA & YOUNG ACCOUNTING & INSURANCE, INC

SECOND: The document number of the corporation (if known): P96000035759

THIRD: The file date of the articles of incorporation: 4/22/96

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature:

Michelle Young
Michelle Young

(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 Young

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

APPROVED
AND
FILED
07 OCT 29 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MILA & YOUNG ACCOUNTING & INSURANCE INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

NO CLAIMS WITH OUT SIGNATURES & CERTIFICATES BY ALL OFFICERS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PO Box 22733

TAMPA FL 33622

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Michelle Young

Printed Name of the Person Filing

Michelle Young
Michelle Young

Signature of the Person Filing

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