# P99000018741

(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(Ci	ty/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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04/23/19--01055--002 \*\*52.50

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: EURO XIV, INC		
DOCUMENT NUMBER: P9900001874	1	
The enclosed Articles of Dissolution and	fee are submitted for filin	g.
Please return all correspondence concerning	ng this matter to the follow	ving:
STEVEN ADELMAN		
(Name o	Contact Person)	
DLPM, LLC		
(Fit	rm/Company)	
13500 NOEL ROAD. STE 232		
(/	Address)	
DALLAS, TX 75240		
(City/St	ate and Zip Code)	
For further information concerning this m	atter, please call:	
STEVEN ADELMAN	at (at (	53
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
□ \$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

# 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:  EURO XIV, INC.  P99000018741  The document number of the corporation (if known):					
SECOND:						
THIRD:	The date dissolution was authorized: 04/19/2018					
	Effective date of dissolution if applicable:  (no more than 90 days after displayed)	esolution	n file dat	<u> </u>		
	Note: If the date inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of State's records.					
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of vot was sufficient for approval.	ės cast	for di	ssolution		
	☐ Dissolution was approved by the shareholders through voting grou	ıps.				
	The following statement must be separately provided for each voting s to vote separately on the plan to dissolve:	угоир (	2ntitlec	1		
	The number of votes cast for dissolution was sufficient for approval by	-	2013			
	100%	·	20			
	(voting group)		<u>در</u> ا	1,00		
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			<del></del>			
	( - M	\\ \frac{1}{2}.	2			
	Signature:					
	(By a director, president or other officer - if directors or officers have not been selected in incorporator - if in the hands of a receiver, trustee, or other court appointed fiduction that fiduciary)					
	STEVEN ADELMAN					
	(Typed or printed name of person signing)					
	PRESIDENT / TREASURER					
	(Title of person signing)					

#### 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. EURO XIV, INC Name of Corporation: 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: PROVIDE A DESCRIPTION OF THE CLAIM. PROVIDE CORRESPONDENCE INFORMATION, NAME, ADDRESS, PHONE NUMBER, ETC. NO CLAIMS WILL BE ACCEPTED AFTER 120 DAY FROM THE DISSOLUTION DATE. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) DLPM, LLC 13500 NOEL ROAD, STE 232 DALLAS, TX 75240 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. STEVEN ADELMAN

Printed Name of the Person Filing

Signature of the Person Filing