Division of Corporations

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AM 10: 39

Electronic Filing Cover Sheet

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.

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TO:

Division of Corporations Fax Number : (850)617-6380

From:

RECEIVED

: C T CORPORATION SYSTEM Account Name Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878~5368

DISSOLUTION OR WITHDRAWAL



		FILED	
	2009 JAN 22	AH 10: 39	
	ARTICLES OF DISSOLUTION SECRETARY	OF STATE	
Pursuant to of dissolutio	TALLAHASSE section 607.1403, Florida Statutes, this Florida profit corporation submits the following article: n:	E, FLORIDA s	
FIRST:	The name of the corporation as currently filed with the Florida Department of State: EL ATLANTIC, INC.		
SECOND:	The document number of the corporation (if known): P99000034783	•	
THIRD:	The date dissolution was authorized: 12/31/2008		
	Effective date of dissolution if applicable: Date of Filing of these Articles (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)	•	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	Dissolution was approved by the shareholders through voting groups.		
5	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
	Sign ature: (By (adifector, prosident or other officer - if directors or officers have not been selected, by in incorporator - if in the hands of a reseiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	(Typod or printed name of person signing)		
	(Title of person signing)		
	Filing Fee: \$35		

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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: EL ATLANTIC, 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:

SUFFICIENT INFORMATION REASONABLY TO INFORM THE CORPORATION OF THE IDENTITY OF THE CLAIMANT AND THE SUBSTANCE OF THE CLAIM

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

2875 N.E. 191ST STREET PH1

MIAMI FL 33180

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.

•	
ELIECER SREDNI, PRESIDENT	(
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