P99000077785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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01/14/04--01059--019 **43.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2004 JAN 14 PM 4:25

Volun. Diss.
01/21/04
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: P99000077785

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

Please return all correspondence concerning this matter to the following:

WILFREDO LLINAS
(Name of Person)

(Name of Firm/Company)

11133 CHANDLER DRIVE
(Address)

COOPER CITY, FLORIDA 33026
(City/State/and Zip Code)

For further information concerning this matter, please call:

WILFREDO LLINAS at (954) 437-3923
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

WILFREDO LLINAS
11133 CHANDLER DRIVE
COOPER CITY, FLORIDA 33026

December 31, 2003

Amendment Section
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Dissolution
Llinas Realty Group, Inc.

Dear Sir or Madam:

Enclosed please find one (1) original and one (1) copy of the following documents for the above referenced Florida Profit Corporation:

- Transmittal Letter
- Articles of Dissolution
- Notice of Corporate Dissolution

I have included check number 3133 for $43.75, which represents payment for the filing fees and one (1) certified copy. We have provided a self-addressed, stamped envelope for return of the certified copy.

If there are any problems, which would prohibit the filing of the above referenced Articles, please feel free to contact me at (954) 723-8725.

Thank you in advance for your assistance and prompt attention to this request.

Very truly yours,

WILFREDO LLINAS

WL:jma
Enclosures: Articles of Dissolution (2)
Check Number 3133

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 Department of State:

LLINAS REALTY GROUP, INC.

SECOND: The document number of the corporation (if known): P99000077785

THIRD: The file date of the articles of incorporation was: August 27, 1999

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.

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DIVISION OF CORPORATIONS

Signed this 31 day of December, 2003.

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.)

WILFREDO LLINAS
(Typed or printed name of person signing)

DIRECTOR
(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.

Name of Corporation: LLINAS REALTY GROUP, 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:

1) Name, address, and telephone number of party(s) making claim

2) amount of claim, including any claimed statutory interest

3) Detailed description of basis for claim

4) Date claim arose

5) Description of action(s) taken to resolve claim and person(s) to whom you have communicated

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

Judith M. Alexander, Esquire

11133 Chandler Drive

Cooper City, Florida 33026

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.

WILFREDO LLINAS
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