

544501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

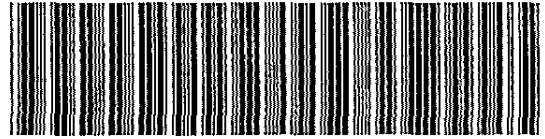
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/27/07--01007--002 **43.75

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07 FEB 27 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTICE of DSS
CLO
3/2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Notice of Corporate Dissolution - American Prime
Enterprise, Inc.

DOCUMENT NUMBER: 544501

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

Please return all correspondence concerning this matter to the following:

Regino Musa

(Name of Contact Person)

(Firm/Company)

10631 N. Kendall Drive, 2nd Floor

(Address)

Miami, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

Regino Musa

(Name of Contact Person)

at (305) 267-9660

(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

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: American Prime Enterprise, 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:

Name of Claimant _____

Address of Claimant _____

Telephone and Telefax numbers of Claimant _____

Detailed explanation as to the nature of the claim _____

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

C/O Regino Musa

10631 N. Kendall Dr. 2nd Floor

Miami, FL 33176

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.

Regino Musa

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

FILED
07 FEB 27 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA