596006

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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: Battaglia of Dadeland Inc. Chk 1295 **DOCUMENT NUMBER:** \$96006 The enclosed Articles of Dissolution and fee are submitted for filing, Please return all correspondence concerning this matter to the following: Gina H. Bertematti (Name of Contact Person) (Firm/Company) 9241 SW 140th Street (Address) Miami, Florida 33176 (City/State and Zip Code) For further information concerning this matter, please call: Gina H. Bertematti at ((786)-271-7463 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status &

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Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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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:	
	Battaglia of Dadeland Inc.		_
SECOND:	The document number of the corporation (if known): S96006		
THIRD:	The date dissolution was authorized: 02/10/2020		-
	Effective date of dissolution if applicable:		_
	(no more than 90 days after dissolution find the listed as the document's effective date on the Department of State's records.		will
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this of the articles of incorporation.	chapter and	
		207	
		2020 JUN 22	•
5	Signature: Puul rusuu	PH	٠.
	(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)	بب 25	- !
	Cina II. Bartamatti		
	Gina H, Bertematti (Typed or printed name of person signing)		•
	Director & Authorized Representative		_
	(Title of person signing)		

Filing Fee: \$35