Requestor's Name L I S F Life Insurance School of Florida, Inc. P.O. Box 1115 Elfers, FL 34680

CR2E031(1/95)

200002625082--7 -08/26/98--01027--008 *****35.00 ******35.00

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.			
2	oration Name)	(Docu	ment #)
2. (Corporation Name)		(Docu	iment #)
3	oration Name)		ument #)
	ration Name)	(Docu	meni#)
4. <u>(Corpo</u>	oration Name)	(Docum	ment #)
	Pick up time		
☐ Mail out	Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMEN	ITS	
Profit	Amendment	Amendment	
NonProfit	Resignation of R.A	Resignation of R.A., Officer/Director	
Limited Liability	Change of Register		
Domestication	Dissolution/Wit d	Dissolution/Withdrawal	
Other	Merger	Merger LANGE CR	
OTHER FILINGS	REGISTRA		FILED NUG 26 AN 8: 52 RETARY OF STATE AHASSEE, FLORIDA
	QUALIFIC		ILED 26 AN 8: 37 OF STAT SEE, FLORIC
Annual Report	Foreign	Foreign CO	
Fictitious Name Name Reservation	Limited Partnershi	ip	RATE 5.
Name Reservation	Reinstatement		N
:	Trademark		
	Other		* TIL AUG 3 1 1998

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation is: BRYANWOOD STABLES, INC. FIRST:

Adoption of Dissolution (CHECK ONE) THIRD:

SECOND: The date dissolution was authorized:___

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by vote of the shareholders through voting groups.

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)

Signed this 24 day of AUGUST

REAVER CULBERTSON
(Typed or printed name)

PRESIDENT (Title)