## Pó200092502

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filling Officer:	

Office Use Only



000029234310

02/23/04--01082--024 \*\*43.75

OH FEB 23 PH 2: 34
SECRETARY OF STATE
ALL AHASSEE, FLORID.

VOLDE 1

The date	of each amendment(s) adoption: 1/15/04	*	·
	date if applicable: 1/15/04  (no more than 90 days after amendment file date)		<b>-</b> ,
Adoption	of Amendment(s) (CHECK ONE)		
	The amendment(s) was/were approved by the shareholders. The number of votes the amendment(s) by the shareholders was/were sufficient for approval.	cast for	
	The amendment(s) was/were approved by the shareholders through voting groups following statement must be separately provided for each voting group entitled to separately on the amendment(s):		
	"The number of votes cast for the amendment(s) was/were sufficient for appro	oval by	
	(voting group)	The state of the s	-
	The amendment(s) was/were adopted by the board of directors without shareholde and shareholder action was not required.		
<b>\</b>	The amendment(s) was/were adopted by the incorporators without shareholder ac shareholder action was not required.		
Signed thi	is 10 day of February, 2004.		
·	Signature & Millard Elas		
	(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)		
	Michael Clark		÷
	(Typed or printed name of person signing)		
. •	President (Title of person signing)		
	•		
	TILING FEE: \$35	er propins o	ı

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: LETICLES	OF Disso	· LUTTON	·
DOCUMENT NUMBER: P02	0000 9250	2	OF LEB
The enclosed Articles of Dissolution and i	fee are submitted for filin	g.	75 73 T
Please return all correspondence concernin	g this matter to the follow	ving:	EE PL
MARGARET M. F			ORIGA ORIGA
(Name of	Person)		
The Flagge A	Firm/Company)	Tac	
71 Radeline	1 37		
Pain Cores	(Address)	164	·
(City/	State/and Zip Code)		- ·
For further information concerning this ma	tter, please call:		
Maccaco M. Frasel (Name of Person)	at ( <u>386)</u> (Arca Code & Da	76-0038 aytime Telephone N	Number)
Enclosed is a check for the following amou	ınt:		
\$35 Filing Fee \$\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing For Certificate of State Certified Copy (Additional copy enclosed)	atus &
MAILING ADDRESS:		EET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Amendment Section  Division of Corporations Division of Corporations		S
P.O. Box 6327	409 E. Gaines Street		

Tallahassee, Florida 32399

Tallahassee, Florida 32314

## 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 Department of State:
	The Flaguer Advertiser Inc.
SECOND:	The document number of the corporation (if known): 1020000 92502
THIRD:	The date dissolution was authorized: $02-01-04$
	Effective date of dissolution if applicable: (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 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
	MARCALET FRAME ONLY SHAREHOLDER VORD YES
	Signed this O/ day of O2-04,
Signat	ture: Mergaret h. Frank  (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)
	MACGARET M. FRASER (Typed or printed name of person signing)
	PRES IDENT
	(Title of person signing)

Filing Fee: \$35