## P07000037629

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

SUBJECT: Dissolution of Ex7	RAMile TRAVE! FOR
DOCUMENT NUMBER: P0700003	7629
The enclosed Articles of Dissolution and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
John HA66Exty (Name of Contact Po	erson)
(Firm/Compan	•
8217 Old Pout Cinc Le (Address)	<i>N</i>
JACKSONV: 14, Fl. 3 (City/State and Zip	32216
(City/State and Zip	Code)
For further information concerning this matter, please	e call:
To hw Habber Lat (Name of Contact Person) at (	90Y ) 132-5036 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## 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:
	EXTRAMILE TRAVEL. INC
SECOND:	The document number of the corporation (if known): P07000037429
THIRD:	The date dissolution was authorized: 4/1/09
	Effective date of dissolution <u>if applicable</u> : 4/1/09  (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 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
	TALL
	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)  Tohn HAGGERTY  (Typed or printed name of person signing)  Pass: Sont
	(Title of person signing)

Filing Fee: \$35