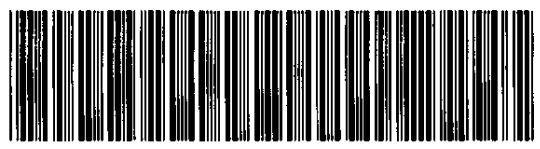


P95000049007



900156045999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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Disfranchisement

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ROSE LAW FIRM
A PROFESSIONAL ASSOCIATION

ATTORNEYS

WRITER'S TELEPHONE
(501) 377-0423

120 East Fourth Street
Little Rock, Arkansas
72201-2893

501-375-9131
501-375-1309 FAX
www.roselawfirm.com

WRITER'S ELECTRONIC MAIL
acrow@roselawfirm.com

May 29, 2009

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

Re: R & M Transport, Inc.
Document No.: P95000049007

Dear Sir or Madam:

I have enclosed the Articles of Dissolution for the above-captioned entity. I have also enclosed our firm check in the amount of \$35.00. Please return all correspondence regarding this matter to:

Adam H. Crow
Rose Law Firm
120 East Fourth Street
Little Rock, AR 72201
(501) 375-9131

Please do not hesitate to contact me if you have any questions regarding this matter.

Sincerely yours,



Adam H. Crow

AHC/b
Enclosures - Check

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:

R & M Transport, Inc.

SECOND: The document number of the corporation (if known): P95000049007

THIRD: The date dissolution was authorized: May 13, 2009

Effective date of dissolution if applicable: May 13, 2009
(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

_____ (voting group)

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)

Don G. Salmon
(Typed or printed name of person signing)

Director/President
(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35