789000007676

(Requestor's Name)
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PICK-UP WAIT MAIL
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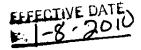


COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: ARTICLES OF DISSOLUTION	
DOCUMENT NUMBER: P0900007676	
The enclosed Articles of Dissolution and fee are submitted for fill	ng.
Please return all correspondence concerning this matter to the following	owing:
STEPHANIE AUER	
(Name of Contact Person)	
AUER ENTERPISES, INC.	
(Firm/Company)	
14870 SW 143RD ST	
(Address)	
MIAMI, FL 33196	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
	878-0417
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amount:	
□\$35 Filing Fee ✓\$43.75 Filing Fee & □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	 ∑\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amendment Section Am Division of Corporations Div P.O. Box 6327 Cli Tallahassee, FL 32314 266	REET ADDRESS: nendment Section vision of Corporations fton Building of Executive Center Circle lahassee, 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	nt of Sta	ite:	
	AUER ENTERPISES, INC.			
SECOND:	The document number of the corporation (if known): P090000767	6		
THIRD:	The date dissolution was authorized: DECEMBER 31, 2009			
	Effective date of dissolution <u>if applicable:</u> JANUARY 8, 2010 (no more than 90 days after dissolution)	ution file d	late)	_
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	✓ Dissolution was approved by the shareholders. The number of votes c was sufficient for approval.	ast for c	iissolu	tion
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting grout to vote separately on the plan to dissolve:	up entitl इ _ट ्		
	The number of votes cast for dissolution was sufficient for approval by	ECRETAR	2010 JAN -7	ki se gal
	(voting group)	Y OF STATE	PH 12: 08	10 to
	Signature: (De a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)			
	STEPHANIE A. AUER	_		
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: AUER ENTERPISES, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
······································
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenc within 4 years after the filing of this notice.
^ /
STEPHANIE AUER
Printed Name of the Person Filing Signature the Person Filing