## 500848

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)/*.
PICK-UP	□ WAIT	MAIL
. (Bu	ısiness Entity Nar	ne)
(Document Number)		
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SECRETARY OF SATIONS
JIVISION OF CORPORATIONS
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: DISSOLUTION OF COHRS E	NTERPRISES INC
EC0040	
DOCUMENT NUMBER: 560848	
The enclosed Articles of Dissolution and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
ROBERT J COHRS	•
(Name of Contact Pe	erson)
(Firm/Compan	у)
480 AMBLESIDE DRIVE	
(Address)	
TITUSVILLE, FL 32780	
(City/State and Zip	Code)
For further information concerning this matter, please	e call:
ROBERT J COHRS at (	321 ) 264-7059
(Name of Contact Person)	(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 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 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:	
SECOND:	The document number of the corporation (if known): 560848	· · · · · ·	_
THIRD:	The date dissolution was authorized: DEC 1 2008  Effective date of dissolution if applicable: DEC 31 2008  (no more than 90 days after dissolution to the content of the co	ile date)	-
FOURTH:	Adoption of Dissolution (CHECK ONE)  Dissolution was approved by the shareholders. The number of votes cast f was sufficient for approval.	or dissolution	on
	Dissolution was approved by the shareholders through voting groups.  The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled	
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
1	Signature:  (By adirector, 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)	09 JAN 20 PM 1: 04	SECRETARY OF STATE DIVISION OF CORPORATIONS
	ROBERT J COHRS (Typed or printed name of person signing)	<b>₽</b>	0,
	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: COHRS ENTERPRISES INC

Printed Name of the Person Filing

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:		
NAME OF	PERSON OR ENTITY MAKING THE CLAIM		
AMOUNT	OF CLAIM		
DATE AM	OUNT OF CLAIM BECAME DUE		
<del></del>			
Mailing addres	s where claims can be sent: (Claims cannot be sent to the Division of Corporations)		
	ROBERT J COHRS		
	480 AMBLESIDE DRIVE		
	TITUSVILLE, FL 32780		
	t the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.		
ROBERT	J COHRS Y WITH LICE		

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00