

(F	Requestor's Name)	
(F	Address)	
٩)	Address)	<u>, e : :</u>
(C	City/State/Zip/Phone #)	
PICK-UP		MAIL
(E	Business Entity Name)	
(Document Number)		
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06/22/04--01018--007 **35.00



TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations**

Dissolution SUBJECT:

DOCUMENT NUMBER:

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:



Enclosed is a check for the following amount:

🖄 \$35 Filing Fee 🛛 \$43.75 Filing Fee & 🗔 \$43.75 Filing Fee & 🗔 \$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314 enclosed)

STREET ADDRESS: Amendment Section

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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 document number of the corporation (if known): SECOND: 10 The date dissolution was authorized: THIRD: ١ C 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 -G Presid-t-OL voting prou Signed this day of Signature: (By a director, president or other officer - if directors or officers have not been selected, by an i neorporator if in the hands of a refeiver, trustee, or other court appointed fiduciary, by that fiduciary) ed or prin ed name of person signing) (Title of person signing)

Filing Fee: \$35