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SECRETARY OF STATE
ALLAHASSEE, FLORID

1/2/5/07

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SCHRAM	CORPORATION	
DOCUMENT NUMBER: F81	726	
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to	o the following:	
JUNE S		
(Name of Contact Perso		
SCHRAM CORPO	RATION	
(Firm/Company)		
5361 S.W. 2131 C	LOURT	
PLANTATION FL	33317	
(City/State and Zip Co		
For further information concerning this matter, please call:		
JUNE SCHRAM at (9	54, 584. 3040	
	rea Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\to\$	Copy Certificate of Status &	
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:	
	SCHRAM CORPORATION	
SECOND:	Traly 21 300	
THIRD:	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 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	
	TAE O	
	(voting group) CRETARY OF AHASSEE.	
	Signature: (By a director, president/or other officer - if directors or officers have not been selected, by that fiduciary) Signature: (By a director, president/or other officer - if directors or officers have not been selected, by that fiduciary)	
	JUNE M. SCHRAM	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	

Filing Fee: \$35