H28554

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			





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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: Tudor Rose Inc DOCUMENT NUMBER: <u>H28556</u> The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Patricia Martin (Name of Contact Person) (Firm/Company) 1844 Edgewater Drive (Address) Boynton Beach Fl. 33436 (City/State and Zip Code) For further information concerning this matter, please call: Patricia Martin at (561) _ 369 2964 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: \$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:	
	Tudor Rose Inc.		
SECOND:	The document number of the corporation (if known): H28556		
THIRD:	The date dissolution was authorized: 9.13.2006 *		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)	on file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	st for disso	lution
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by		
	,	TAI S	ာ
	(voting group)	SECRETARY ALLAHASSE	3
		1 1 1	
	Signature:	AH II: 58 OF STATE E. FLORIDA	
	(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)	, 10A 10E 8	}
	Patricia Martin		
	(Typed or printed name of person signing)		
	Director		
	(Title of person signing)		

Filing Fee: \$35

^{*} the delay in notifying you is due to having been sent the wrong forms initially.