## H55272

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Articles of Dissolution Section 607.1403, Florida Statutes		
DOCUMENT NUMBER: H55272		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Russell M. Jinks		
(Name of Contact Person)		
Jinks & Moody, P.A.		
(Firm/Company)		
P.O. Box 230		
(Address)		
Panama City, FL 32402		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Russell M. Jinks at ( 850 ) 785-6805		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
MAILING ADDRESS: Amendment Section  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:
	Alternative Businesses, Inc.
SECOND:	The document number of the corporation (if known): H55272
THIRD:	The date dissolution was authorized: (2/21)05
٠.	Effective date of dissolution if applicable: (10 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 east for dissolution was sufficient for approval by
	(voting group)
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,	
\$	(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)
ŕ,	SAMUEL L. COMBS III.  (Typed or printed name of person signing)
	Grecident (Title of record signing)

Filing Fee: \$35