K35928

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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corpora	tion
DOCUMENT NUMBER: K35928	
The enclosed Articles of Dissolution and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Michael A. McKee	
(Name of C	Contact Person)
Accountability Unlimited, Inc.	
(Firn	n/Company)
6516 War Admiral Trail	
(Ac	ddress)
Tallahassee, FL 32309	
	te and Zip Code)
For further information concerning this mat	ter, please call:
C	71
Michael A. McKee	at (850) 339-1971
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
✓ \$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fec & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) (Additional copy is enclosed)
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 FILED

Pursuant to	section 607.1403, Florida Statutes, this Florida profit corporation applying articles
or dissoluti	SECRETARY OF STATE TALLAHASSEE.FLORID/
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Accountability Unlimited, Inc.
SECOND:	The document number of the corporation (if known): K35928
THIRD:	The date dissolution was authorized: December 1, 2010
	Effective date of dissolution if applicable: December 31, 2010 (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
	(voting group)
	Signature: (By a director, president or other officer - indirectors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustae, or other court appointed fiduciary, by that fiduciary)
	Michael A. McKee
	(Typed or printed name of person signing)
	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: Accountability Unlimited, Inc. 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: Note: This corporation has no outstanding liabilities or receivables at the date of dissolution. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6516 War Admiral Trail Tallahassee, FL 32309 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Michael A. McKee Printed Name of the Person Filing