L19514

(Requestor's Name)	_
(Address)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dadiness Links Name)	
	_
(Document Number)	
Certified Copies Certificates of Status	_
F	7
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE FLOOR

2/8/06

COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: Shirlbo Enterprises, Inc.
DOCUMENT NUMBER: L19514
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LeRue Bucknor
(Name of Contact Person)
LeRue Bucknor, P.A.
(Firm/Company)
10145 Sunrise Lakes Blvd. #202
(Address)
Sunrise, FL 33322
(City/State and Zip Code)
For further information concerning this matter, please call:
LeRue Bucknor at (954) 572-9639
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sqrt{35}\$ Filing Fee \$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
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

	ARTICLES OF DISSOLUTION $\frac{F/LED}{06}$
Pursuant to sof dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Shirlbo Enterprises, Inc.
SECOND:	The document number of the corporation (if known): <u>L19514</u>
THIRD:	The date dissolution was authorized: 12/31/05
	Effective date of dissolution if applicable: 12/31/05 (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
	(voting group)
	Signature: (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)
	Pedrol Bowen (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.

lame of Corporation: Shirlbo Enterprises, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as pecified in the Articles of Dissolution.
Description of information that must be included in a claim:
,
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1420 NW 56 Avenue
Lauderhill, FL 33313
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.
Pedrol Bowen
Printed Name of the Person Filing Signature of the Person Filing