

L 34711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

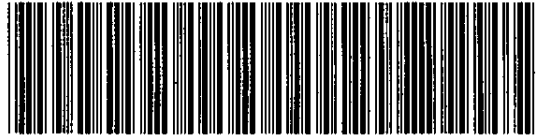
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 07 2009

**Law Office of
Jamie B. Greusel, Esquire**

1104 North Collier Boulevard
Marco Island, FL 34145
239-394-8111

Jamie B. Greusel
Licensed in FL and NJ

December 24, 2008

State of Florida
Department of State
Corporate Division
P.O. Box 6327
Tallahassee, FL 32314

Re: Honeycomb of Marco Island, Inc.

Gentlemen/Ladies:

Enclosed please find:

1. Duplicates of the Articles of Dissolution for Honeycomb of Marco Island, Inc.
2. Check in the amount of \$35.00 for the filing fee and certified copy.

Kindly file.

Sincerely,


Jamie B. Greusel, Esq.

JBG/rs
Enclosures

SECRETARY
TALLAHASSEE, FLORIDA
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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:
Honeycomb of Marco Island, Inc.

SECOND: The document number of the corporation (if known): L34711

THIRD: The date dissolution was authorized: December 22nd, 2008

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.

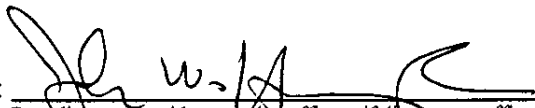
Dissolution was approved by the shareholders through voting groups.

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

(voting group)

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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)

John W. Honeycomb
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35