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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bi	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
STORETARY OF STATE
OF THE STATE OF THE



COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: 10 TRALLE	Ceeb lesperation
DOCUMENT NUMBER: 90000	7750
The enclosed Articles of Dissolution and fee are sul	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
(Name of Contact I	MUL \ \ Person)
(Firm/Compa	eve leeb
2000 (volt	Owan Drive
(Address)	audale 12 3308
(City/State and Zi	p Code)
For further information concerning this matter, please	se call:
at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certif	25 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy
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

Pursuant to section 607.1401, 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 Star	te:	
	to trull Chep Capoute	N	
SECOND:	The document number of the corporation (if know 100007	150	
THIRD:	The file date of the articles of incorporation: $8-7-09$		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.	NO APR	;
	A majority of the directors authorized the dissolution.	TARY OF STAIL LASSECLET OR	
Sign	nature: (By a director, president or other officer - if directors or officers have not been selected, by an incorpora		
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	HOI - 11	
	Gail Hennell		
	(Typed or printed name of person signing)		

Filing Fee: \$35

(Title of Person Signing)