Requester's Name 3115 Sharer Wal Address Tallahare, Pr-32312— City/State/Zip Phone # 297-2051	TALLAHASSEE, F
CORPORATION NAME(S) & DOCUMENT NUMBER	Office Use Only
1. Sur Sangem Inc. (Corporation Name) (Do	ocument #)
Corporation Name) (Do	cument#)
4	cument#) 4000031404045 -02/21/0001001017 ******35.00 ******35,00
(Corporation Name) (Do	cument #)
Walk in Pick up time	Certified Copy
☐ Mail out ☐ Will wait ☐ Photoco	py Certificate of Status
NEW FILINGS AMENDM	<u>ENTS</u>
Limited Liability Change	ation of R.A., Officer/Director e of Registered Agent ution/Withdrawal
OTHER FILINGS REGISTRA	ATION/QUALIFICATION
Annual Report Fictitious Name Limited Reinsta Tradem Other	d Partnership

Examiner's Initials ASC 2/18/50



Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:	3
FIRST: The name of the corporation is Shy Sangue Inc.	
SECOND: Adoption of dissolution (Complete Section I or II)	* 4 *
SECTION I If the corporation has members entitled to vote:	
The date of the meeting of members at which the resolution to dissolve was adopted was	
(CHECK ONE)	
☐ The number of votes cast for dissolution was sufficient for approval.	
☐ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.	
SECTION II If the corporation has no members or members with voting rights:	
The corporation has no members or members with voting rights.	
The date of adoption of the resolution by the board of directors was $21/126$	
The number of directors in office was and the vote for the resolution was for and against.	4 · ·
Signed this 18 day of Fybrian 12w	
Signature (By the Chairman of the Board, President or other officer)	-
e ·	
Typed or printed name Prepare Title	: .