(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	, camera,
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/7in/Dhane #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/Otate/Lip/Filotie #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified CopiesCertificates of Status	(Business Entity Name)
Certified CopiesCertificates of Status	
Certified CopiesCertificates of Status	(Document Number)
	Continue Continue Continue of Status
Special Instructions to Filing Officer:	Certified Copies
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
1	

Office Use Only



600024650566

:1/17/03--0105[--003 **35_00

Ps 11/20/03 -

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: NO. 934, 1NG		
DOCUMENT NUMBER: 2000000 6067		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Person)		
(Name of Person)		
(Name of Firm/Company)		
5520 E. GIDDENS AVENUE		
TAMOD FL 33610		
TAMPA, FL 33610 (City/State/and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) \$35 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399		

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 Department of States
	No. 934, INC.
SECOND:	The document number of the corporation (if known): Poocooo location
THIRD:	The date dissolution was authorized: NOVEMBER 1, 2003 ES
	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 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
	, 9
	(voting group)
	Signed this 4th day of November 2003
Signat	are.
	(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)
	(Typed or printed name of person signing)
	PRESTDERIT
	(Title of paymen cigning)

Filing Fee: \$35