P00000056964

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: J&B CONNECTIONS, INC.		
DOCUMENT NUMBER: P00000056964		
The enclosed Articles of Dissolution and fee are submitted	for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Michael D. Jacob, Esq.		
(Name of Contact Person)		
Schumann Law Group, P.A.		
(Firm/Company)		
27200 Riverview Center Blvd., Suite 103		
(Address)		
Bonita Springs, Florida 34134		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Michael Jacob at (239) 949-4529	
(Name of Contact Person) (Area	Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Certified Copy (Additional copenclosed)	Certificate of Status &	
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 607.1403, 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:				
	J&B CONNECTIONS, INC.				
SECOND:	The document number of the corporation (if known): P00000056964				
THIRD:	The date dissolution was authorized: February 22, 2006				
	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				
	(voling group)				
	(voling group) OF STATE ORIDA				
5	(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)				
	Sherry Fuhrman 5				
	(Typed or printed name of person signing)				
	President				
,	(Title of person signing)				

Filing Fee: \$35