P0000064579

(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	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

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TO: Amendment Section Division of Corporations						
SUBJECT: Immabiliare Inve	stors, Inc.					
DOCUMENT NUMBER: POCOCO 64	1579					
The enclosed Articles of Dissolution and fee are submitted for filing.						
Please return all correspondence concerning this matter to the	following:					
Alicia Coker (Name of Contact Person)						
(Name of Contact Person)	1.					
	l _e					
(Firm/Company)	4					
21015. Ocean Drive #70 (Address)	55					
(Address)	,					
Hollywood, FL 33019 (City/State and Zip Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Contact Person) at (954)	732-6100 Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:						
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing I Certified Copy (Additional copy enclosed)	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					

V. 1

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: The document number of the corporation (if known): Y SECOND: The file date the articles of incorporation: THIRD: 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. The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued. SEVENTH: Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution A majority of the directors authorized the dissolution. Ι. Signature: (B) 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.)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporat	ion: Immol	orlione	Investo	ins, Inc	÷
	n will be the date the deticles of Dissolution.	issolution is filed	with the Departmen	at of State or as	
Description of infe	ormation that must be	included in a clair	n:		
	, address	/ . .		•	e-mail
Reaso	m for su	bmittin	19 clain	n, any	necessor
SUPPOR	ting doce	menta	tion.	J	
	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
U 154				· W	•
Mailing address w	here claims can be ser	nt: (Claims cannot	be sent to the Divis	sion of Corporation	s)
_	2101 3, 1	Ocean	Drive		_
_	#70	5			<u> </u>
*	Hollywo	od, FL	33019	<u></u>	_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Alicia Coker

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00