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TALLAHASSEE. FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: It's Your Move, Inc.	
DOCUMENT NUMBER: P000009084	8
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Philip S. Kaprow	
(Name of Contact	Person)
Philip S. Kaprow, PA	
(Firm/Compa	any)
P. O. Box 195516	
. (Address)	
Winter Springs, FL 32719-5516	
(City/State and Z	ip Code)
For further information concerning this matter, plea	se call:
Philip S. Kaprow, Esquire (Name of Contact Person)	(407-) 971-8460 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate (Additional Certificate of Status)	75 Filing Fee & \$\sum \\$52.50 Filing Fee, Fied Copy Certificate of Status & Certified Copy (Seed) (Additional copy is enclosed)
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:	
	It's Your Move, Inc.	
SECOND:	The document number of the corporation (if known): P0000090848	
THIRD:	The date dissolution was authorized: April 24, 2007	
	Effective date of dissolution if applicable: April 30, 2007  (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 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	
	(voting group)	
	•	
	Signature: Milip Sk 6.C.	
	(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)	
	Philip S. Kaprow, Esquire	
	(Typed or printed name of person signing)	
	General Counsel	
	(Title of person signing)	

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 Name of Corporation: It's Your Move, Inc. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Please provide a copy of the invoice and backup for any claims. Also include all relevent contact information including contact name, address, telephone, fax and email. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) C/O Philip S. Kaprow, P.A. P. O. Box 195516

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.

Winter Springs, FL 32719-5516

Philip S. Kaprow, Esquire

Printed Name of the Person Filing