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Voldis T. Lewis



*TRANSMITTAL LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: DESSIGNAN OF CAPILLATION	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CARI HAMMARY	
(Name of Person)	
Electrobario Enteresises	
(Name of Firm/Company)	
80 Bex 887	
(Address)	
Pinella Case G 3378)	
(City/State/and Zip Code)	
For further information concerning this matter, please call:	
[12] Hannach at (27) 656-5842	
(Name of Person) (Area Code & Daytime Telephone Number	– ber`
Enclosed is a check for the following amount:	,
Enclosed is a check for the following amount:	
\$\square\$ \$\squa	&
MAILING ADDRESS: STREET ADDRESS:	
Amendment Section Amendment Section	
Division of Corporations Division of Corporations Division of Corporations	
P.O. Box 6327 409 E. Gaines Street Tallahassee, Florida 32314 Tallahassee, Florida 32399	
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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 State: The document number of the corporation (if known): SECOND: The date dissolution was authorized: THIRD: 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 Signed this 1014 day of _ Signature: (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)

Filing Fee: \$35

(Title of person signing)