

P01000004465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

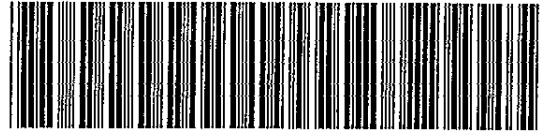
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-30

Local Government Solutions Inc.

P.O. Box 54336
Jacksonville, FL 32245-4336
(904) 881-9500

13 December, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find the form for dissolution of LOCAL GOVERNMENT SOLUTIONS, INC., a Florida profit corporation incorporated on January 8, 2001 (Document number P01000004465). The effective date of the dissolution is 13 December 2002.

Also please find enclosed a check in the amount of \$43.75 to cover the cost of dissolution filing fee (\$35) and one certified copy of the dissolution (\$8.75). Please forward the certified copy of the dissolution to:

Robert E. Byrd
3738 Forest Blvd
Jacksonville, FL 32246

Thank you for your assistance in this matter.

Sincerely,



Robert E. Byrd

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 is: LOCAL GOVERNMENT SOLUTIONS, INC.

SECOND: The date dissolution was authorized: 13 DECEMBER 2002

THIRD: 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 vote 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

(voting group)

Signed this 13TH day of DECEMBER, 2002.

Signature _____

(By the Chairman or Vice Chairman of the Board, President, or other officer)

ROBERT E. BYRD

(Typed or printed name)

PRESIDENT

(Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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