## PD10000000811

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				



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11/05/07--01067--001 \*\*52.50

OT NOV -5 PH 1: 46

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: FURNITURE REScue Services In-C				
DOCUMENT NUMBER: 20100006811				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
rease retain an correspondence concerning this matter to the following.				
JACQUELINE Schiavone				
(Name of Contact Person)				
FURNITURE RESCUE Services Inc. (Firm/Company)				
(Firm/Company)				
PO BOX 105 (Address)				
(Address)				
Brandon Fl. 33511				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Jacqueline Schiavon at (813) 598-9439				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
□\$35 Filing Fee . □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee,				
Certificate of Status Certified Copy Certificate of Status &				
(Additional copy is Certified Copy				
enclosed) (Additional copy is				
enclosed)				
MAILING ADDRESS: STREET ADDRESS:				
Amendment Section Amendment Section				
Division of Corporations  Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
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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 Florida Department o	f State:		
	FURNITURE RESCUE Services, IM	人.		
SECOND:	The document number of the corporation (if known): PO100006811			
THIRD:	The date dissolution was authorized: 10.31.07			
	Effective date of dissolution if applicable: /0 · 3 / · 6 7  (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 was sufficient for approval.	for dissolution		
	Dissolution was approved by the shareholders through voting groups.			
ı	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled -		
	The number of votes cast for dissolution was sufficient for approval by			
	n/A (One ShareholdER)			
	(voting group)	SIVIO 170		
		NOV -5		
	Signature: ACGULAR AND ACT OF STREET	OF STATION		
	Jacqueline L Schlavone (Typed or printed name of person signing)	o a		
1	President (Title of person signing)	•		

Filing Fee: \$35