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P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Disolve & Close Staff Solutions Inc
DOCUMENT NUMBER: POLOOOZO526
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Russell Liebowitz (Name of Contact Person)
Staff Solutions, Inc. (Firm/Company)
10716 Reagle Run Pl (Address) TAMPA FL 33626 (City/State and Zip Code)
TAMOA F1. 33626
(City/State and Zip Code)
For further information concerning this matter, please call:
Russell Liebowitz at (813) 767-5602 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sumset\$\sums
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



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:
	Staff Solutions, Inc.
SECOND:	The document number of the corporation (if known): POIOOO ZOSZ(
THIRD:	The date dissolution was authorized: 10-7-2003
	Effective date of dissolution if applicable: 5-7-11 (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: (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)
	Kussell Liebowitz
	(Typed or printed name of person signing)
	Owner/P
	(Title of person signing)

Filing Fee: \$35