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TRANSMITTAL LETTER

TO: Amendment Section	3	
Division of Corporations	1 1 1	
SUBJECT: Dissolve C	orporation	
DOCUMENT NUMBER: POIC	0000257.	3.2
The enclosed Articles of Dissolution and i	fee are submitted for	filing.
Please return all correspondence concerning	g this matter to the fo	ollowing:
Kathy Klo	nder	
(Name of	Person)	
Confort Zone (Name of	Enterg	rises Toc
(Name of	Firm/Company)	
16710 Sanctuary	Estates	2
)
Cape Corat	FL 33	793
(City/S	State/and Zip Code)	
For further information concerning this ma	tter, please call:	
Kathy Klunder (Name of Person)	at (239)	242-0355
(Name of Person)	(Area Code a	Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
\$35 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status &
MAILING ADDRESS:	· ·	STREET ADDRESS:
Amendment Section	•	Amendment Section
Division of Corporations		Division of Corporations
P.O. Box 6327		409 E. Gaines Street
Tallahassee, Florida 32314	!	Tallahassee, Florida 32399

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: Confort Zone Enterprises, 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 FOURTH: Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes cast for 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 (voting group) Signed this Signature: (By a director, president of 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) (Dyped or printed name of person signing

Filing Fee: \$35