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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of Busines	8	
SUBJECT: Diodordani of Dacingo		
DOCUMENT NUMBER: P01000027	7551	
The enclosed Articles of Dissolution and fe	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Larry W Lones	· · · · · · · · · · · · · · · · · · ·	
(Name of C	Contact Person)	
Larry Lones Inc		
(Firm	n/Company)	
PO Box 1932		
(Ac	idress)	
Lake City, FL 32056		
(City/Stat	te and Zip Code)	
For further information concerning this matter, please call:		
Larry Lones	at (386) 758-9941	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amoun	nt:	
\$\sqrt{\$35}\$ Filing Fee \$\sqrt{\$43.75}\$ Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
	Tallahassee, FL 32301	

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:				
	Larry Lones, Inc.				
SECOND:	The document number of the corporation (if known): P01000027551				
THIRD:	The date dissolution was authorized: 12/31/2010				
	Effective date of dissolution <u>if applicable:</u> 12/31/2010 (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				
	Director, Larry W. Lones, sole owner of all stock and interest				
	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, trustec, or other court appointed fiduciary, by that fiduciary) Larry W. Lones				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: Larry Lones, Inc. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: The company no longer has any business interests or income. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) PO Box 1932 Lake City, FL 32056 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Larry W. Lones Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00