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Voldis Newis 9-28-11

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: SILCO.COM INC	
DOCUMENT NUMBER: P01000040743	
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
LUCIAN GAVRILOIU	
(Name of Contact	Person)
SILCO.COM INC	
(Firm/Compa	nny)
14481 LAKE LANE	
(Address)	
SW RANCHES FL 33330	
(City/State and Zi	ip Code)
For further information concerning this matter, plea	se call:
	954 6057353
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ied Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations 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	of State:			
	SILCO.COM,INC.				
SECOND:					
THIRD:	The date dissolution was authorized: 09/22/2011				
	Effective date of dissolution if applicable: (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 disso	lution		
	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	SEGRE	11 SEP		
	(voting group)	NS.	26		
	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)	Y OF STATE: SEE FLORION	PM 4: 36		
	LUCIAN GAVRILOIU				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Filing Fee: \$35