

FB100004355/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

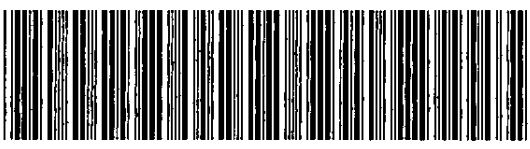
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JUL -3 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

*VOIDS
CRB 7/14*



**NATIONAL DEVELOPER
OF THE YEAR**



June 30, 2008

300 S.E. 2nd Street
Ft. Lauderdale, Florida 33301
954.627.9350
954.627.9393 Fax
stiles.com
stiles@stiles.com

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: ARTICLES OF DISSOLUTION

Enclosed please find one (1) Application of Dissolution form **dissolving** each of the following corporations:

- *Sabre Ell, Inc. – Document #P01000043551; and*
- *Seola II, Inc. – Document #P96000099095.*

Also enclosed please find our checks each in the sum of \$35.00 to cover the fee for the above requested filings.

If you have any questions please feel free to contact me at (954) 627-9156.

Please return all correspondence concerning this matter to the following:

Judy Sherman
c/o Stiles Corporation
300 S.E. 2nd Street
Fort Lauderdale, F 33301

Sincerely yours,

STILES CORPORATION

Judy Sherman
Closing Coordinator
js

Enclosures

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:

SABRE ELL, INC.

SECOND: The document number of the corporation (if known): P01000043551

THIRD: The date dissolution was authorized: June 9, 2008

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 for dissolution was sufficient for approval.

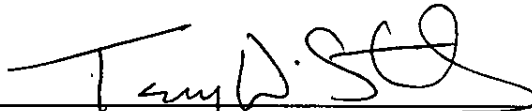
Dissolution was approved by of the shareholders through voting groups.

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 _____ day of _____,

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)

TERRY W. STILES
(Typed or printed name of person signing)

President
(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA