

PO10000087219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

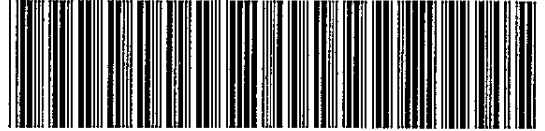
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** D C STREAMLINE, INC

**DOCUMENT NUMBER:** PO 10000 87219

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLING LARSON

(Name of Person)

ACCOUNT BOOKKEEPING

(Name of Firm/Company)

5950 LAKEHURST DR, Ste 246

(Address)

ORLANDO, FL 32819

(City/State/and Zip Code)

For further information concerning this matter, please call:

CAROLING LARSON

(Name of Person)

at ( 407 ) 898-1757

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|---|

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399



August 30, 2004

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed an the original of the proposed of the Amendment to Articles of Dissolution of **DC STREAMLINE, INC.** Please file the Article of Incorporation . A money order in the amount of \$35.00 payable to your office, for total filing and processing fees is included.

Sincerely,

A handwritten signature in cursive script that reads "Caroline Larson".

Caroline Larson  
Bookkeeper / Tax Preparer



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 14, 2004

CAROLINE LARSON  
ACCOUNT INTERNATIONAL CORPORATION  
1516 E. COLONIAL DR., STE.107  
ORLANDO, FL 32803-4726

SUBJECT: D C STREAMLINE, INC.  
Ref. Number: P01000087219

We have received your document for D C STREAMLINE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Maryanne Dickey  
Document Specialist

Letter Number: 804A00054696

## 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:

DC STREAM LING, INC.

SECOND: The document number of the corporation (if known): P01000087219

THIRD: The date dissolution was authorized: 09-01-2004

Effective date of dissolution if applicable: 09-01-2004  
(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 20 day of SEPTEMBER, 2004.

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)

OLIVIA AGNELLI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA

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