P02000009583

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Voldis 1/18/03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SARASOTA CITGOINC
DOCUMENT NUMBER: 2000009583
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FIOAZ HASAW (Name of Person)
(Name of Person)
(Name of Firm/Company)
110123 ANCROFT CT. (Address)
TAMPD, FL 33647 (City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (813) 899-9642 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \text{Status} \text{Status} \text{Status} \text{Certified Copy} \\ (Additional copy is enclosed) \text{Certified Copy is enclosed} \text{Certified Copy is enclosed}
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tollahoran Florida 23214 STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32314

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

ARTICLES OF DISSOLUTION

of dissolution	1:
FIRST:	The name of the corporation as currently filed with the Department of State:
	SARASOTA CITGOINC
SECOND:	The document number of the corporation (if known): P 02 0000003 83
THIRD:	The date dissolution was authorized: September 1, 2003
	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
	Signed this 4th day of NOVEmber 2003.
	Signed this day of
Signat	cure: ALNADI
J	(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)
	(Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35