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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION	OF CORPORATION	
DOCUMENT NUMBER: POZ	0000 19211	
The enclosed Articles of Dissolution and f	ee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
SUSAN VON C	EHSEN	
(Name of	Contact Person)	
OFFORDE IND SUSAN VON OFHSEN, P.A. (Firm/Company)		
(Firm	n/Company)	
1200 LONDON DEPR	y CIRCLE	
ORMOND BEACH, FL. 32174 (City/State and Zip Code)		
ORMOND BEACH,	FL. 32174	
(City/8ta	te and Zip Code)	
For further information concerning this mat	tter, please call:	
(Name of Contact Person)	at (386) 676-2245	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	nt:	
\$35 Filing Fee \$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:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION 25-1-07 orida Statutes, this Florida profit corporation sub-its

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: OFOROE AND SUSAN VON DEHSEN, P.A.
SECOND:	The document number of the corporation (if known): POZOOOO 19211
THIRD:	The date dissolution was authorized: FEB 1,67
	Effective date of dissolution if applicable: MAY 01,07 (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 The number of votes cast for dissolution was sufficient for approval by The number of votes cast for dissolution was sufficient for approval by
	(voting group) PH 3: 00 FLORIDE
	Signature: Sus Un Von Ochse, P.A. President (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)
	SUSAN VON DEASEN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35