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(Requestor	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	
	ntity Name)
(Document	Number) ertificates of Status
Special Instructions to Filir g Of	ficer:
Office	Use Only



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COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: Michael D. Chesser, C.P.A., P.A.				
DOCUMENT NUMBER: P02000045194				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael D. Chesser				
(Name of Contact Person)				
Michael D. Ohana O. D. A. D. A.				
Michael D. Chesser, C.P.A., P.A. (Firm/Company)				
1012 Sherrywood Street				
(Address)				
Fern Park , FL 32730 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Michael D. Chesser				
Michael D. Chesser at (407) 647-3001 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)				

MAILING ADDRESS:

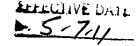
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATX1

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 State:			
	Michael D. Chesser, C.P.A., P.A.	 		
SECOND:	The document number of the corporation (if known): P02000045194			
THIRD:	The date dissolution was authorized:	3/31/2011		
	Effective date of dissolution if applicable:	5/7/2011 (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the sharel dissolution was sufficient for approval.	holders. The number of votes cast for		
	Dissolution was approved by the share	holders 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			
		20 20 20 20 20 20 20 20 20 20 20 20 20 2		
	(voting group	11 APR 25		
	Signature: (By a director, president or other officer - if director, president or other officer - if director, in the hands of a receiver, to that fiduciary)			
	Michael D. Chesser (Typed or printed name of person signing)			
	(Typod of printed fiamle of p			
	President	·		

Filing Fee: \$35

(Title of person signing)

Notice of Corporate Dissolution

	bmitted by the dissolved corporation name poration as provided in s. 607.1407, F.S.	ed below for resolution of payment of unknown claims		
This "Notice of	Corporate Dissolution" is optional and	is not required when filing a voluntary dissolution.		
Name of Corpor	ation: Michael D. Chesser, C.P.A., P.A.			
	on will be the date the dissolution is filed was Articles of Dissolution.	vith the Department of State or as		
Description of information that must be included in a claim:				
The amount of cl	aim, the reason for claim, evidence of clain	n, the date of original claim, name and address		
of claimant, and	a description of the basis for the claim.			
Mailing address	where claims can be sent: (Claims canno	t be sent to the Division of Corporations)		
	Michael D. Chesser			
	1012 Sherrywood Street			
	Fern Park, FL 32730			
•	the above named corporation will be barre vithin 4 years after the filing of this notice.	ed unless a proceeding to enforce the claim		
Michael D. Chess	ser	Mhhll Can		
	Printed Name of the Person Filing	Signature of the Person Filing		

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00