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SECRETARY OF STATE DIVISION OF CORPORATIONS

A A D 155 Ma 9/24/08

COVER LETTER

Division of Corporations
SUBJECT: Di 550lution
DOCUMENT NUMBER: P 02000056925
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ricardo G. Molina (Name of Contact Person)
(Name of Contact Person)
All House Services Inc. (Firm/Company)
(Firm/Company) 11101 Royal Palm Blvd # 109
11101 Royal Palm Blvd # 109 (Address) (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 822 8904 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	All House Services, Inc.
SECOND:	The document number of the corporation (if known): $\frac{90200056925}{22/2002}$
THIRD:	The file date of the articles of incorporation: $05/22/2002$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation has not commenced business
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:
	(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.)
	Ricardo G. Molina
	(Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35