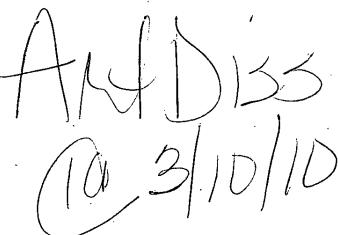
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	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-I	UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Certified Copies	· Certificates of Status
Special Instructio	ns to Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: THE PRINT CONNECTION I	rc
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the	e following:
VICKI WAGNER (Name of Contact Person)	
(Name of Contact Person)	
THE PRINT CONNECTION	INC
(Firm/Company)	
308 N CRANGE ST (Address)	
NEW SMYRNA BEACH FO (City/State and Zip Code).	L 32168
For further information concerning this matter, please call:	
Name of Contact Person) at (380) (Area)) \Subseteq \Subseteq \Subset
Enclosed is a check for the following amount:	
Sas Filing Fee Sas Filing Fee & Sas Filing Fee & Certificate of Status Certified Copy (Additional copenclosed)	
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 607.1403, 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	f State:			
	THE PRINT CONNECTION INC				
SECOND:	The document number of the corporation (if known): P020005	9300			
THIRD:	The date dissolution was authorized: $12-31-09$				
	Effective date of dissolution <u>if applicable</u> : \(\frac{7-31-09}{\text{(no more than 90 days after dissolution}}\)	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	TARLES TO HAR -8			
	(voting group)	-8 m			
	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)	AM 8: 30			
	(Typed or printed name of person signing)				
	PRESIDENT (Title of person signing)				

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: THE PRINT CONNECTION INC Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: NAME ADDRESS, ACCOUNT NUMBER PHONE NUMBER Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) THE PRINT CONNECTION INC A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.