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(Re	equestor's Name)					
(Address)						
(Ac	idress)					
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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Dissilution	of a Corporation					
DOCUMENT NUMBER: R\$26	p ψ ψ φ 54425					
The enclosed Articles of Dissolution and f	ee are submitted for filing.					
Please return all correspondence concerning	g this matter to the following:					
Linda M. Merra (Name of	<u>υ</u> μρύ					
(Name of	Contact Person)					
Linda M. Man	Lucipo PA-					
(Fira	n/Company) '					
(A) 860//	Hard Drive					
(A	.ddress)					
Species Will FL (City/Sta	34609					
(City/Sta	nte and Zip Code)					
For further information concerning this ma	tter, please call:					
Lindy Merracapo	at ((352) 238 - 2629 (Area Code) (Daytime Telephone Number)					
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following amou	int:					
\$35 Filing Fee \$\text{\$\text{\$\subset\$}\$ \$43.75 Filing Fee & Certificate of Status}\$	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)					
MAILING ADDRESS:	STREET ADDRESS:					
Amendment Section Division of Corporations	Amendment Section Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	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:

The name of the corporation as currently filed with the Florida Department of State:
The document number of the corporation (if known): 1 42 44 459425
The date dissolution was authorized: December 31, 2006
Effective date of dissolution if applicable: December 31, 2100 (no more than 90 days after dissolution file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
(compagnostic)
Signature: (By Alirector, president or other officer - if hiertries of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other fourt appointed fiduciary, by that fiduciary)
(Typed or printed name of person signing)
(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	2 Dissolution" is c	optional and is n	ot required wh	en filing a volum	tary dissolution.	
Name of Corporation:	Lindu g	N. Miss	<u> </u>	<u>A</u>		
Date of dissolution will be specified in the Articles of	e the date the disse					
Description of information	n that must be inc	luded in a claim	:			
			, <u></u> ,			
					······································	
			<u></u>			
Mailing address where ela	ims can be sent: (Claims cannot l	pe sent to the D	ivision of Corpo	rations)	
11638	New	Haven	Drive			
Spring	Hill F	L 341	مى ^{در} /			
A claim against the above within 4 years after the fil			i uniess a proce	eeding to enforce	the claim is com	nenced
Linda M	Merry	U0>	1	D. V	n Menge	ucapo \
Printed N	lame of the Person Fil	ling.		Signature of the	Person Filing	