# 102000000003

| (Re                     | questor's Name)   |                 |  |  |
|-------------------------|-------------------|-----------------|--|--|
| (Ad                     | dress)            |                 |  |  |
| (Ad                     | dress)            |                 |  |  |
| (Cit                    | y/State/Zip/Phone | <del>9 #)</del> |  |  |
| PICK-UP                 | WAIT              | MAIL .          |  |  |
| (Bu                     | siness Entity Nan | ne)             |  |  |
| (Document Number)       |                   |                 |  |  |
| Certified Copies        | _ Certificates    | of Status       |  |  |
| Special Instructions to | Filing Officer:   |                 |  |  |
|                         |                   |                 |  |  |
|                         |                   |                 |  |  |
|                         |                   |                 |  |  |
|                         |                   |                 |  |  |

Office Use Only

J. H. 04.



400118603724

02/25/08--01012--013 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2008 FEB 25 PM 5: 1

1

## · COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT:         | Dissolution of E | nioe Morris Associa               | tes, Inc   |                  |                 |
|------------------|------------------|-----------------------------------|--|------------------|-----------------|
|                  |                  |                                   |  |                  |                 |
| DOCUMENT         | NUMBER:          | P02000068103                      |  |                  |                 |
| The enclosed     | Articles of Di   | ssolution and fee                 | are submitted for fi   | ling.            |                 |
| Please return    | all correspond   | ence concerning t                 | his matter to the foll   | owing:           |                 |
|                  | ,                |                                   |  |                  |                 |
| William D Morris | 2                |                                   |  |                  |                 |
| Trimum 5 morns   |                  | (Name of Contact                  | Person)  |                  |                 |
|                  |                  |                                   |  | ·                |                 |
| Enloe Morris As  | sociates, Inc    | (Firm/Compa                       | any)   |                  |                 |
|                  |                  | (i iiiii/Compe                    | at 1 <b>y</b> /  |                  |                 |
| 3145 So Atlantic | Avenue, Suite    | 203                               |  |                  |                 |
| •                |                  | (Address                          | )  |                  |                 |
|                  |                  |                                   |  | ,                |                 |
| Daytona Beach    | Shores, FL 3211  |                                   |  |                  | •               |
|                  |                  | (City/State and Z                 | ip Code)   |                  |                 |
| For further inf  | ormation conc    | erning this matter,               | please cail:   |                  |                 |
|                  |                  |                                   |  |                  |                 |
| William D Morris |                  |                                   | t (386) 322-0711   | ing Talanhana Ni | b.o.r\          |
| (Nam             | e of Contact I   | Person)                           | (Area Code & Dayt  | ime Telephone N  | umber)          |
| Enclosed is a    | check for the    | following amount:                 |  |                  |                 |
| x \$35 Filing    |                  | 5 Filing Fee &<br>icate of Status | \$43.75 Filing Fee<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certificate      | of Status & opy |
| MAILIN           | G ADDRESS:       |                                   | STR  | EET ADDRESS:     |                 |

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

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:

| IRST:   | The name of the corporation as currently filed with the Florida Department of State:  |  |             |  |  |
|---------|---|--|-------------|--|--|
|         | Enloe Morris Associates, Inc  | ******   |             |  |  |
| SECOND: | The document number of the corporation (if known): P02000068103                       |  |             |  |  |
| HIRD:   | The date dissolution was authorized:  | 12/31/2007   | <del></del> |  |  |
|         | Effective date of dissolution if applicable:  | 12/31/2007<br>(no more than 90 days after dissolution file                                     | date)       |  |  |
| OURTH:  | Adoption of Dissolution (CHECK ONE)   |  |             |  |  |
|         | Dissolution was approved by the share dissolution was sufficient for approval.        |  | t for       |  |  |
|         | ☐ Dissolution was approved by the share   | eholders through voting groups.  |             |  |  |
|         | The following statement must be separate entitled to vote separately on the plan to d |  |             |  |  |
|         | The number of votes cast for dissolution w  | as sufficient for approval by  | 2008 FEB    |  |  |
|         | (voting group   |  | 25 E        |  |  |
|         |   |  | PH 5: 10    |  |  |
|         | · ·   | rectors or officers have not been selected, by trustee, or other court appointed fiduciary, by | _           |  |  |
|         | William D Morris (Typed or printed name of  | person signing)  | _           |  |  |
|         | (Typed of printed filame of   | porson aigining)   |             |  |  |
|         | President   |  | _           |  |  |
|         | Title of person of  | ianina\  |             |  |  |

Filing Fee: \$35