P0200000912

•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Coourset Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\Box
·	1



000125739940

04/29/09--01006--029 **43.75

2008 APR 29 AM 8: 13
SECRETARY OF STATE
TAIL AHASSEE, FLORID.

Office Use Only

Dissolution W/ Notice

TR 5/0-08

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Disolve Corporation
DOCUMENT NUMBER: P02000106912
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
New Life Enterprises worklude, in (Firm/Company)
1000 Jishad Barkward # 1803
Aventura Forma 33160' (City/State and Zip Code)
For further information concerning this matter, please call:
TSEIA CONZAIEZ at (305) 525 -6005 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\times \\$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\times \\$35 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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 State:
	New Life Enterprises worldware, I'm.
SECOND:	The document number of the corporation (if known): $1000000000000000000000000000000000000$
THIRD:	The date dissolution was authorized: $\frac{12-31-07}{}$
	Effective date of dissolution if applicable: 12-31-07 (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
	Vote · Profession / Profession
e V V	HASSEE, FLOOR
	Signature: Ref. 3
	(By a director, president of 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)
	Isela Gonzalez
	(Typed or printed name of person signing) Co Side H
	(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.

,
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Economic Crises (no Business)
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) TSCIA AND TSCIA AND AND TSCIA AND AND AND AND AND AND AND AND AND AN
1000 Island blue IT 100
Aventura, Fla. 33160
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.
The Country :
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