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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Shepherd's Guide of South Rouda Ent M	۲
DOCUMENT NUMBER: POZ 000108437	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Steve James (Name of Contact Person)	
(Name of Contact Person)	
(Firm/Company)	
• • •	
10790 SW 1049 Place. (Address)	
·	
Davie F 33324	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (954) 441-1404 (Area Code & Daytime Telephone Number)	
(Name of Contact Person) (Area Code & Daytime Telephone Number))
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigsquare \text{\$43.75 Filing Fee & \text{\$\subsquare} \text{\$43.75 Filing Fee & \text{\$\subsquare} \$\sa	
MAILING ADDRESS: STREET ADDRESS:	
Amendment Section Amendment Section Division of Corporations 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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	The Shepherd's Guide of South Florida Ent Onc			
SECOND:	The Shepherd's Gude of South Florida Ent Mc The document number of the corporation (if known): POZ 000 108437			
THIRD:	The date dissolution was authorized: 12 31 07			
	Effective date of dissolution if applicable: 17/3/07 (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			
	(voting group)			
	(voting group) OF STATE LORIDA			
	Signature: Supple Signature: Supple Signature: Signature: Supple S			
	Stephen A James (Typed or printed name of person signing)			
	President			
	(Title of person signing)			

Filing Fee: \$35