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ALVIEW OF STATE

Dissolution W/Notice

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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: CRAHAM CONNOLLY	TNC	
DOCUMENT NUMBER: Po2000 123	557	
The enclosed Articles of Dissolution and fee are submit	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
MARLONE CONNES/14 (Name of Contact Person		
· ·		
GRAHAM CONVOLLY FUC (Firm/Company)		
(,		
3813 GULF BLVd #509 (Address)		
(
ST PETE REACH, FL. (City/State and Zip Co	33706	
(City/State and Zip Code)		
For further information concerning this matter, please co	all:	
MARLENG CONNOTY at (7 (Name of Contact Person) (A	727) 363-7937 Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee (\$43.75 Filing Fee & Certified (Additional enclosed)	d copy is Certified Copy	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations 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:	
FIRST:	CANANA CONNENTY INC.	
SECOND: THIRD:	The document number of the corporation (if known): PO 2000/33557 The date dissolution was authorized: //// 05 Effective date of dissolution if applicable: ////05 (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.	on
	Dissolution was approved by of 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:	I : I MA CONT
	The number of votes cast for dissolution was sufficient for approval by	on Pr
	Marlene & Jounelly For	81:14
	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 count appointed fiduciary, by that fiduciary)	
	MARLISUE G. CENNOTY (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: CRAHAM CONNELLY LNC 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: An known Claims - or debt.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
MARLONG CONNOLLY 3813GULF BLVd #509 ST POTE BEACH, FL. 33706
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.
MAR LONG G, CONNOTY Marlene of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00