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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: DISSONE CO	peration
DOCUMENT NUMBER: P03000	148861C
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Ingrid Madoo (Name of Contact	Person)
(Firm/Compa	any)
5733 SW 1875	
Partation Florida (City/State and Z	33317 ip Code)
For further information concerning this matter, plea	se call:
(Nathe of Contact Person) at	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Addi	75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, fied Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 KAS TOWN TOWN.	ent of State:	
SECOND:	The document number of the corporation (if known): POCO)	2884	İ
THIRD:	The file date of the articles of incorporation:		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		·
SIXTH:	The net assets of the corporation remaining after winding up have been dito the shareholders, if shares were issued.	istributed	80
SEVENTH:	Adoption of Dissolution (CHECK ONE)	AHA	عال
	A majority of the incorporators authorized the dissolution.	ARY O	JUL 22 P
	A majority of the directors authorized the dissolution.	FLORIDA	PM 1:59
Sign	nature:  (By a director, president or other officer - if directors or officers have not been selected, by a	en incorporator	if
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an moorporator -	11
		•	
	(Typed or printed name of person signing)		
	(Title of Person Signing)		
	( A LUI VI I VIDVII VIRAMINI		

Filing Fee: \$35