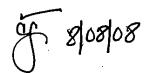
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<b>V</b>	,	
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(City	/State/Zip/Phone	e #)
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Office Use Only



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## **COVER LETTER**

SECRETARY OF STATE DIVISION OF CORPORATIONS.

TO: Amendment Section	STATES OF BOTH ONALIGE
Division of Corporations	08 AUG -4 PM 12: 43
DOCUMENT NUMBER: PO 36000 13452	hon_
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Shayni Godwin MRKS (Name of Contact Person)	imson.
1) Wa UCIT	
15 N.E. 19th Phoe Ste 35  (Address)	<u> </u>
TAPE CORAL, 71 33909 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Shayni Gowin / at 29 246 (Name of Contact Person) (Area Code & Dayti	)—lololo 7 ime Telephone Number)
Enclosed is a check for the following amount:	
(Additional copy is cenclosed) (Additional copy is enclosed)	2.50 Filing Fee, rtificate of Status & rtified Copy dditional copy is aclosed)
MAILING ADDRESS: STREET A	DDRESS:

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 607.1401, 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 of State	ie:	
SECOND:	The document number of the corporation (if known): 103 000 13	5	2
THIRD:	The file date of the articles of incorporation: 02/04/03		
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 distributed to the shareholders, if shares were issued.	88	SIN TE
SEVENTH:	Adoption of Dissolution (CHECK ONE)	AUG -	0.00
	A majority of the incorporators authorized the dissolution.	ld 7.	F COR
	A majority of the directors authorized the dissolution.	08 AUG -4 PH 12: 43	PORAT
Sign	ature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorpora in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)  (Typed or printed name of person signing)		S.
	(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	n.	
Name of Corporation:		
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:		
Company Closed.	<del></del> ,	
		<del></del>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	98 AUG	SECIRETY SECIRETY
715 N.E. 19th 77 5tl 35-36 CAPE CORal, 71 33909	-4 PM 12: 43	ARY OF STATE
		NS
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is c within 4 years after the filing of this notice.	omme	enced
Printed Name of the Person Filing  Signature of the Person Filing	_	