## P03000014497

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	9
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	)
(Docur	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili		·
arutes	bu	mut
Corrutes by July the	115/0	g
	, ,	

Office Use Only



500139452955

01/05/09--01085--012 \*\*35.00

D/with note

SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

## **COVER LETTER**

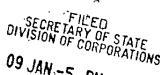
TO: Amendment Section Division of Corporations
SUBJECT: ARTICLES of DISSOLUTION-PROFIT CORP
DOCUMENT NUMBER: PO 30000 1 4 4 9 7
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Louis J. RiNACDI (Name of Contact Person)
(Name of Contact Person)
Lou's Little JoBs, INC (Firm/Company)
(Firm/Company)
32229 HARTMAN Rd, (Address)
(Address)
SAN ANTONIO FL 33576 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Louis J. Rinaldi at (352) 588 – 5421 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:  Amondment Section  Amondment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION



Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following statutes of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Lou'S LITTLE JOBS, INC.		
SECOND:	The document number of the corporation (if known): Po 3000014497		
THIRD:	The file date the articles of incorporation: April JAN 51, 2003		
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.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	☐ A majority of the incorporators authorized the dissolution.		
)	A majority of the directors authorized the dissolution.		
Sign	ature:  (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 court appointed fiduciary, by that fiduciary.)		
	(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. 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: perifications of CLAIM Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.