## P03000033194

,
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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FALL AHASSEF, FLORID

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## **COVER LETTER**

Division of Corporations		
SUBJECT: DISSOLUTION O	F SUB IT SIDING, INC	
DOCUMENT NUMBER: P0300	0033194	
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
SHANE K	RAUSE	
(Name of Co	ontact Person)	
SUB IT SI	DING INC	
(Firm/	Company)	
1141 NW 557	TH TERRACE	
(Add	ress)	
GAINESVIL	LE, FL 32605	
· -	and Zip Code)	
For further information concerning this matte	r, please call:	
SHANE KRAUSE	at ( 352 ) 514-2165  (Area Code & Daytime Telephone Number)	
(Name of Contact Person)		
Enclosed is a check for the following amount		
Certificate of Status	\$\[ \]\$43.75 Filing Fee & \[ \]\$52.50 Filing Fee,  Certified Copy  (Additional copy is enclosed)  \$\[ \]\$52.50 Filing Fee,  Certificate of Status & Certified Copy  (Additional copy is enclosed)	
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 607.1403, 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 SUB IT SIDING, INC.	<del>)</del> :	
SECOND:	: The document number of the corporation (if known): P03000033194		
ΓHIRD:	The date dissolution was authorized: 12/31/2008		
	Effective date of dissolution if applicable: 12/31/2008  (no more than 90 days after dissolution file date	<del></del>	
FOURTH:	: Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for diswas sufficient for approval.	solu	tio
	Dissolution was approved by the shareholders through voting groups.	09 FE	
	The following statement must be separately provided for each voting group attitled to vote separately on the plan to dissolve:	8 8	トルトリ
	The number of votes cast for dissolution was sufficient for approval by	PM 1: 19	C
	(voting group)		
	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 court appointed fiduciary, by that fiduciary)		
	SHANE KRAUSE		
	(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 Corpor	ration:SUB IT SIDING, INC.
	ion will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.
Description of i	nformation that must be included in a claim:
1. NAME, A	DDRESS, AND AREA CODE AND DAYTIME PHONE NUMBER OF CLAIMANT
2. NATUF	RE OF CLAIM.
3. NAME, ADD	RESS, AND AREA CODE AND DAYTIME PHONE NUMBER OF CLAIMANT'S CONTACT PERSON.
<del></del>	•
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	SUB IT SIDING, INC
	1141 NW 55TH TERR
	GAINESVILLE, FL 32605
	the above named corporation will be barred unless a proceeding to enforce the claim is commenced fter the filing of this notice.
	SHANE KRAUSE Shame Kram
	Printed Name of the Person Filing Signature of the Person Filing

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