## P03000034252

/Da		
(Rec	questor's Name)	
(Add	dress)	
	•	
(Add	dress)	
(City	//State/Zip/Phone	e #)
` '	•	•
PICK-UP	MAIT	MAIL
<del>_</del>	_	_
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
		/
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		ļ

Office Use Only



400145914384

03/20/09--01017--003 \*\*43.75

2009 MAR 20 PM 12: 40
SECRETARY OF STATE

Di58.

TB 3/23/09

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BUSINESS CLOSING
DOCUMENT NUMBER: <u>P03000034252</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THERESA M. CLAIR (Name of Contact Person)
OMNI CONSUM ABLES, INC (Firm/Company)
PO Box 366
(Address)
EUSTIS FL 32727
(City/State and Zip Code)
For further information concerning this matter, please call:
Tess Clair at (407) 3/4-1254  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy (Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
	Omni Consumables, Inc
SECOND:	The document number of the corporation (if known): PO3000034252
THIRD:	The date dissolution was authorized: 3-16-09
	Effective date of dissolution if applicable: 3-16-09  (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.
	Dissolution was approved by 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:
	The number of votes cast for dissolution was sufficient for approval by  SECRETARY OF STATE  (voting group)  (voting group)
	CRETARY OF S AHASSEE, FI
	E P
	IZ: L
	Signature: 1ess Clair
	(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)
	Tess Clair (Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35