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TRANSMITTAL LETTER

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: D1550LUTION
DOCUMENT NUMBER: 41-20935.54
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MOACIR RODRIGUES (Name of Person)
UNLIMITED REMODELING, INC. (Name of Firm/Company)
6 HELWIG TERRACE- (Address) POMPAND BEACH FL 33064 (City/State/and Zip Code)
POMPAND BEACH FL 33064 (City/State/and Zip Code)
For further information concerning this matter, please call:
Mame of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$35 Filing Fee \$\mathbb{\mathbb{L}}\$\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street

Tallahassee, Florida 32399

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 Department of State: UNLIMITED REMODELING, INC. The document number of the corporation (if known): 41-2093554 SECOND: The file date of the articles of incorporation was: (28/102/103)THIRD: 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. Signed this <u>05</u> day of <u>A(IGUST</u> 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.) Signature: ////

Filing Fee: \$35

OWNER 1 Pres.
(Title of person signing)