## 03000052412

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cít	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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G. Coutlette FEB 1 5 2005

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Myroann Properties Comp	oany	
DOCUMENT NUMBER: P030000524	12	
The enclosed Articles of Dissolution and fe	e are submitted for fil	ing.
Please return all correspondence concerning	this matter to the following	owing:
Joanne Roberts		
(Name of C	Contact Person)	
Myroann Properties Company		<u> </u>
(Firm	/Company)	
9622 Worswick Ct		
(Ad	dress)	
Wellington/FL/33414		
(City/State	e and Zip Code)	
For further information concerning this matt	er, please call:	
Joanne Roberts	at (561)	236-6780
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amoun	ıt:	
☐ \$35 Filing Fee ☑ \$43.75 Filing Fee & [ Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	An Dî Cli	REET ADDRESS: nendment Section vision of Corporations ifton Building 61 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:				
	Myroann Properties Company				
SECOND:	The document number of the corporation (if known): P03000052412				
THIRD:	: The date dissolution was authorized: 03/01/2005				
	Effective date of dissolution if applicable: 03/01/2005  (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.				
	<ul> <li>✓ Dissolution was approved by of the shareholders through voting groups.</li> <li>The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:</li> <li>The number of votes cast for dissolution was sufficient for approval by</li> </ul>				
					Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an abcorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary; by that fiduciary)
	Joanne Roberts				
	(Typed or printed name of person signing)				
	Director				
	(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.

Myroann Properties Company

Name of Corpo	ration: Hyrodian Topol Los Company					
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:  We are requesting the Dissolution of Myroann Properties due to at this time the						
					company de	ses not have the funds to proceed to a full operation. We plan on implementing
					the compan	y al a later time.
Mailing address	s where claims can be sent: (Claims cannot be sent to the Division of Corporations)					
	9622 Worswick Ct					
	Wellington/FL/33414					
	t the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.					
Jean M Jos	seph 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
<u></u> _	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