## P03000057094

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Dissolve Corporation	
DOCUMENT NUMBER: P0300005709	14
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Zoe Fackler	
(Name of	Contact Person)
Fackler Home Inspection, Inc.	
(Fir	rm/Company)
PO Box 1981	
	Address)
Riverview Florida 33568	
	ate and Zip Code)
For further information concerning this ma	atter, please call:
Zoe Fackler	at (813 ) 677-9287
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  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 article of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  Fackler Home Inspection, INC.
SECOND:	The document number of the corporation (if known): P03000057094
THIRD:	The date dissolution was authorized: 5-1-2008
	Effective date of dissolution if applicable: 5-1-2008 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
[	X 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
	Both owners which are the only 2 shareholders
	(voting group)
	Signature:  (By a director, president on other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Zoe Fackler
_	(Typed or printed name of person signing)
	Co-Owner and Vice 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 Corpo	ration:
	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:
Date Service w	as rendered .
Specific descrip	otion of service
Full address of	location where service was performed
Original Inspe	ction report (and Overview if Full Home Inspection was performed)
Name and cor	ntact information of person who paid for service
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations)  PO Box 1981, Riverview, Florida 33568
within 4 years a	the above named corporation will be barred unless a proceeding to enforce the claim is commenced fter the filing of this notice.
Zoe Fackl	Printed Name of the Person Filing  Senature of the Person Filing

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