## 2030000644572

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MA	IL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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UNIVIS PHIZ 25 CE LAHASSEE, FLORIDA



## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
SUBJECT: S.A.L CONTRACTING, SERVICES, INC.				
DOCUMENT NUMBER: P03000064452				
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
David Olivencia	·			
(Name of Contact Person)				
LDL Accountants & Associates, CPAs, LLC.				
(Firm/Company)				
5575 S Semoran Blvd Suite 3				
(Address)				
Orlando, FL 32822				
(City/State and Zip Code)				
For further information concerning this matter, plea	ase call:			
	(_407) 207-5509			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
Certificate of Status Certi (Addi	75 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy			
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:			
	S.A.L CONTRACTING, SERVICES, INC.			
SECOND:	The document number of the corporation (if known): P03000064452			
THIRD:	The date dissolution was authorized: 10/1/2007			
	Effective date of dissolution <u>if applicable</u> : 10/1/2007  (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			
	(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)	EO		
	Santos Espino			
	(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: S.A.L CONTRACTING, SER	VICES, INC.
	ion will be the date the dissolution is filed with the Articles of Dissolution.	Department of State or as
Description of ir	nformation that must be included in a claim:	
S.A.L Cont	racting Services,Inc. has no claim	s pending.
Mailing address	where claims can be sent: (Claims cannot be sent t	to the Division of Corporations)
	Santos Espino	
	2121 Hannah Lane	
	Orlando, FL 32826	
		· · · · · · · · · · · · · · · · · · ·
	the above named corporation will be barred unless fter the filing of this notice.	a proceeding to enforce the claim is commenced
Santos Esp		(Journes)
	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