

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |



01/14/04--01055--004 **52.50

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| SUBJECT: Relocation Concierge Incorporated | |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | 04 JAN 14 PM 1:55 |
| Please return all correspondence concerning this matter to the following: Liza Cameron (Name of Person) Relocation Conclered Incorporated | THE PH |
| (Name of Person) | |
| Relocation Conclering Incorporated (Name of Firm/Company) | RED S |
| 315 NE 74th Street (Address) | |
| , | |
| BOCK Raten, FL 33 187 (City/State/and Zip Code) | |
| For further information concerning this matter, please call: | |
| (Name of Person) at (5761) 893 · 7328 (Area Code & Daytime Telephone N | 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 (Additional copy is enclosed) (Additional copy enclosed) | atus & |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationP.O. Box 6327409 E. Gaines Street | S |

Tallahassee, Florida 32399

Tallahassee, Florida 32314

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: |
|----------|--------------------------------------------------------------------------------------------------------------------------------|
| | Relocation Concierge, Incorporated |
| SECOND: | The document number of the corporation (if known): P\$ \$\phi\phi\phi\phi\phi\phi\phi\phi\phi\phi |
| THIRD: | The file date of the articles of incorporation was: July 15, 2003 |
| 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. |
| 1 | Signed this 12th day of Sununy, 2004. |
| Signatur | re: |
| | if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) |
| | 1 · a |
| | (Typed or printed name of person signing) Olvertax |
| | UII CON |
| | (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 Corporation: | KLUCUTOS | Conclety | e. In Corpora | ata | |
|----------------------------------------------------------------|---------------------|---------------------------------------|--------------------|------------------------|---|
| Date of dissolution will be specified in the <i>Articles o</i> | | olution is filed w | ith the Department | of State or as | |
| Description of informatio | n that must be incl | uded in a claim: | | | |
| | | | | | |
| | | | | | |
| | | | | 2.6. | |
| | | | | | |
| | | | | | |
| Mailing address where cl | _ | | | • | |
| | Barr | Patan D | 334A7 | | • |
| | | rugar, 1 c | 0-101 | | |
| | , | | | | · |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| A claim against the above is commenced within 4 years. | | | unless a proceedin | g to enforce the claim | |
| Liza Can | 1C YOh | | U26 M | 1 Com a rote | |

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