## P03000071500

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(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA TILEU

Diss. W/ Notice

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: Superior Strue Services INC
DOCUMENT NUMBER: PO 30000 7/500
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRUND Two  (Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
1273 Porter RO.
1273 Porter RO.  (Address)  SARASITA FL 34240  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
BRUWD TZCO at ()  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following sarticles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Superior Stone Sorvices, INC.
SECOND:	The document number of the corporation (if known): 10300071500
THIRD:	The file date of the articles of incorporation: $6-27-2003$
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.
Sign	Rature:  (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.)
	(Typed or printed name of person signing)
	President (Tille 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: 50	porin	Some	Jorvies,	INC.	
Date of dissolution will be the date specified in the Articles of Dissolu	the dissoluti		,		
Description of information that mu	st be include	d in a claim:			
AnorNt	of	Claim	\		
Date o	FU	win			
settler	rent c	ofter.		<u> </u>	
······	·	<u>-</u>		· · · · · · · · · · · · · · · · · · ·	
Mailing address where claims can	be sent: (Clai	ims cannot be se	nt to the Division	of Corporations)	
	1273	parter	e RQ		
	SARA	ita FL	- 24240	<u> </u>	
. A claim against the above named c within 4 years after the filing of thi	orporation w s notice.	ill be barred unl	ess a proceeding to	enforce the claim is	commenced
			<i>بسی</i>	7	1
BLUND C	Parron Filir	JR.		Calle Demon File	
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