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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Pro	fit Corporation
DOCUMENT NUMBER: PO30007	5527
The enclosed Articles of Dissolution and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	ter to the following:
DEBRA FORCE (Name of Contact P	erson)
,	,
(Firm/Compan	ny)
20201 Grand Oak	Shoppes Blud. Stell8-85
(Address)	Shoppes Blud, Ste /18-85
ESTERO, Florida, 33 (City/State and Zip	3928
(City/State and Zip	Code)
For further information concerning this matter, please	e call:
DEBRA Ann Folly at ((Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & Certified 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 articles of di	section 607.1401, Florida Statutes, this Florida profit corporation submits the following ssolution:	
FIRST:	The name of the corporation as currently filed with the Florida Department of State $\mathcal{Y}_{\mathcal{A}}$	
	BUY-SEII-RENT. GOIF COURSE HOMES. COM'INC"	
SECOND:	The document number of the corporation (if known): <u>PO3000755</u> 27	
THIRD:	The file date of the articles of incorporation: 7-10-2003	
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.		
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.)	
	(Typed or printed name of person signifig)	
	Dresidon +	
	(Title of Person Signing)	

Filing Fee: \$35