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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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03/05/08--01021--017 **35.00

2008 MAR -5 PM 3: 59
SECRETARY OF STATE

Dissolution

TB 3-6-08

COVER LETTER

TO: Amendment Section

Division	of Corporations	5			
SUBJECT:	Landy	8	Associa	Hes,	P.A.
DOCUMENT N	UMBER:	Po	3000	09	787/
The enclosed Art	icles of Dissolutio	n and fe	e are submitted for	filing.	
Please return all c	orrespondence co	ncerning	this matter to the f	following	g:
	Nanci L	and Jame of	Contact Person)		,
		(Firm	ı/Company)		
	290 171	itz	(+. ±23	218	
	SUNY To	S (S	e and Zip Code)	R	3316U
Name (Name	of Contact Person)	at (<u>305</u> (Area C) <u>53</u> ode & Da	O O 80 O aytime Telephone Number)
	ck for the followir				
\$35 Filing Fee	\$43.75 Filing Certificate of S		\$43.75 Filing For Certified Copy (Additional copy enclosed)	is	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amendme Division P.O. Box	CADDRESS: ent Section of Corporations 6327 see, FL 32314			Amenda Division Clifton I 2661 Ex	r ADDRESS: nent Section n of Corporations Building secutive Center Circle

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: (and y b Associates, P.A.					
SECOND:	The document number of the corporation (if known): POS 0000 9787/					
THIRD:	The date dissolution was authorized: April 1, 2007					
	Effective date of dissolution if applicable: (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) AND OF STATE FLORITIES (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)					
	Nanci Landy					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					

Filing Fee: \$35