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

Office Use Only



200187631262

11/29/10--01011--009 \*\*35.00

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: DISSOLUTION OF FLYING BOY ENTERPRISES, INC.	
DOCUMENT NUMBER: P03000103915	
The enclosed <b>Articles of Dissolution</b> and fee are submitte	ed for filing.
Please return all correspondence concerning this matter to	the following:
CRAIG LAMB	
(Name of Contact Person)	
FLYING BOY ENTERPRISES, INC.	
(Firm/Company)	
112 E CHANDLER ROAD	
(Address)	<del>-</del> .
WEST PALM BEACH, FL 33406	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
CRAIG LAMB at (561) 689-720	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amount:	
X \$35 Filing Fee \$43.75 Filing Fee \$ \$43.75 Filing Fee \$ Certificate of Status Certified Co (Additional enclosed)	

### **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 Stat	œ:	
	FLYING BOY ENTERPRISES, INC.		
SECOND:	The document number of the corporation (if known): P03000103915	_	
THIRD:	The date dissolution was authorized: 11/22/2010	_	
	Effective date of dissolution if applicable: 11/22/2010 (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)		مند
	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)  CRAIG LAMB  (Typed or printed name of person signing)	10 NOV 29 AM 9: 20	SECRETARY OF STATE
	(Typed or printed name of person signing)		
	PRESIDENT (Title of person signing)		

Filing Fee: \$35

