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COVER LETTER

Division of Corporations
SUBJECT: Corporate Dissolution
DOCUMENT NUMBER: P0300111501
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CLORIA Schlievert (Name of Contact Person)
(Name of Contact Person)
Glaria Schlievert PA (Firm/Company)
Z5038 Rattlen In (Address)
•
Brooksville 7 3460/
(City/State and Zip Code)
For further information concerning this matter, please call:
CLORIA SOLLIEVERT at (353) 585-6633 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Striling Fee \$\bigcup \\$43.75 \text{ Filing Fee & }\bigcup \\$43.75 \text{ Filing Fee & }\bigcup \\$52.50 \text{ Filing Fee, }\bigcup \bigcup \b
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State: CLORIA SCHLIEVERT, PA
SECOND:	The document number of the corporation (if known): POBOO /// TO [
THIRD:	The date dissolution was authorized: $\frac{12}{31}$
	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 of 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
	CLOCIA SCHLIEVERT PSECRETARY OF THE SERVERT SE
	Signature:
	GLonia SCHLIEVERT (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35