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(6)
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Hamb)
(Document Number)
Certified Copies Certificates of Status
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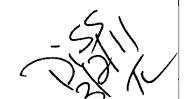
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: ARTICLES OF DISSOLUTION	
DOCUMENT NUMBER: Po 3000 147 986	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lon: A. Diaz (Name of Contact Person)	
(Name of Contact Person)	
CHANNELS OF ADJUSTERS, INC (Firm/Company)	
(Firm/Company)	
524 7th AVE NORTH (Address)	
ST PETENSBURG, FL 33701 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Loni A. Diaz at (813) 810-4098 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
S43.75 Filing Fee & S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 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	f State:	
	CHANNELSIDE ADJUSTERS, INC		
SECOND:	The document number of the corporation (if known): PO 3 0 00 147	986	
THIRD:	The date dissolution was authorized: December 31, 2010		
	Effective date of dissolution if applicable: DECEMBER 31, 2010 (no more than 90 days after dissolution	file date)	<u>. </u>
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolu	ution
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by		
		TAS -	
	(voting group)	ECRETARY LLAHASSI	FYL 11 FFR 28
		ASSE ASSE	SH PA
		Y OF STATE SEE, FLORID	. to
\$	(By 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)	ORIDA	
	Loni A. SIAZ (Typed or printed name of person signing)		
	PALSIDENT		
	(Title of person signing)		

Filing Fee: \$35