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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Dissolution of Davidoff Associates, I
DOCUMENT NUMBER: <u>P0400000 3232</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Doris S. Davidoff (Name of Contact Person)
Davidoff Associates, Inc. (Firm/Company)
10925 Royal Caribbean Circle (Address)
Boynton Beach, FL 33437 (City/State and Zip Code)
For further information concerning this matter, please call:
Dor's Davidoff at (561) 742-3386 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
S35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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 State:
	Davidoff Associates Inc.
SECOND:	The document number of the corporation (if known): P0400000 3232
THIRD:	The date dissolution was authorized: $\frac{2/31/09}{}$
	Effective date of dissolution if applicable: /2/3//09 (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 TALLAR 29 TALLAR 29
	ASSE 29
	(voting group)
	STATE STATE ORIDA
	Signature: (By a director, president or other officer - if directors or other court appointed fiduciary, by that fiduciary)
	Doris S. Davidoff (Typed or printed name of person signing)
	(Types of printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35