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DIVISION OF CORPORATIONS
2005 JUL 14 AM 9: 07

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COVER LETTER

Division of Corporations
SUBJECT: NEIN ADDRESS FOR DOCUMENTS TO BE SENT
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHROLYN WHITE (Name of Person) LANENDER'S BluEBABE
(Name of Person)
LAVENDER'S BLUEBASE
(Name of Firm/Company)
710 CROES AVENUE. MARTEN OF CHARLES
(Address)
Bizonx, M 10473 (City/State/and Zip Code)
(City/State/and Zip Code)
For further information concerning this matter, please call:
GIENN WHARTAN at (646) 296-0942
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\ \$43.75 Filing Fee & \$\ \$
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION



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Pursuant to section 607.1401, 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:
LAUENDER'S BILLBACE N.
SECOND: _The document number of the corporation (if known):
THIRD: The file date the articles of incorporation: 1/21/04
FOURTH: _:: (CHECK AT LEAST ONE BOX)
None of the corporation's shares have been issued.
The corporation has not commenced business.
FIFTH: _No debt of the corporation remains unpaid.
SIXTII: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH: _ Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.
Signed this 8 day of JUNE, 2005.
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.)
CAROLYN WHITE (Typed or printed name of person signing)
CONER PASS, DEAT (Intle of person signing)

Filing Fee: \$35