P0400026393

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

Office Use Only

Dissolution

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Disssolution of Corpora	ation
DOCUMENT NUMBER: P04000026	3393
The enclosed Articles of Dissolution and fo	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Ross W. Coffin	
(Name of C	Contact Person)
Able II Granite And Marble Inc.	
(Firm	/Company)
P.O. Box 103	
(Ad	ldress)
Mims/ Florida,32754	
(City/State	e and Zip Code)
For further information concerning this matt	er, please call:
Ross W. Coffin	at (321) 269-2437
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	ıt:
✓\$35 Filing Fee \$43.75 Filing Fee & [Certificate of Status	\$43.75 Filing Fee & \$\ \text{S52.50 Filing Fee,} \\ \text{Certified Copy} & \text{Certificate of Status & Certified Copy} \\ \text{enclosed} & \text{(Additional copy is enclosed)} \end{array}
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 State:
	Able 2 Granite & Marble, Inc.
SECOND:	The document number of the corporation (if known): P04000026393
THIRD:	The date dissolution was authorized: 09/01/2007
	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 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)
	(voting group)
!	Signature: (voting group) HETARY OF STATE FLORIDE
	(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)
	Ross W. Coffin
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35