P0400045433

	<u> </u>	, , , ,		
((Req	uestor's Name	·)	
(Add	lress)		<u>-</u>
(Add	ress)		
	City	/State/Zip/Phor	ne #)	
PICK-UP	•	TIAW	<u> </u>	MAIL
	Bus	iness Entity Na	ime)	
	Doc	ument Number	?)	
Certified Copies		Certificate	s of Status	
			·	
<u> </u>				
Special Instructions	to F	iling Officer:		
				İ
				Ĭ
				ſ
				1
				ł
<u> </u>				

Office Use Only



600041358226

10/08/04--01013--007 **35.00

LLANASSEE FLORIDA

FILED 04 OCT -8 AM 9: 52

O'is allo

TRANSMITTAL LETTER

SUBJECT: Dissolution of Corporation DOCUMENT NUMBER: P0400045433 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathleen M Gosik (Name of Person) Presture Design & Land Caping Inc. (Name of Firm/Cortinany) 8615 SE 17th C+ (Address) Ocala, FL 34481 (City/State/and Zip Code) For further information concerning this matter, please call: Kathleen M. Gosik at (352) 351-5668 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$35 Filing Fee 1843.75 Filing Fee & 1843.75 Filing Fee & 1852.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathleen M Gosik (Name of Person) Presture Design & Land Scaping Tro. (Name of Firm/Company) 8615 SE 17th Ct (Address) (City/State/and Zip Code) For further information concerning this matter, please call: Kathleen M. Gosik at (352) 351-5668 (Name of Person) Enclosed is a check for the following amount: (\$335 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is
Please return all correspondence concerning this matter to the following: Kathleen M Gosik (Name of Person) Presting Design & Land scaping Inc. (Name of Firm/Corhpany) 8605 SE 17th Ct (Address) Ocala FL 34487 (City/State/and Zip Code) For further information concerning this matter, please call: Kathleen M. Gosik at (352) 351-5668 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\forall \forall
Name of Person
Presting Design & Land Scaping Inc. (Name of Firm/Company) 8615 SE 17th Ct (Address) Ocala, FL 34487 (City/State/and Zip Code) For further information concerning this matter, please call: Kathlen M. Gosik at (352) 351-5668 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: A\$35 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status & (Additional copy is enclosed) (Additional copy is
Presting Design & Land Scaping Inc. (Name of Firm/Company) 8615 SE 17th Ct (Address) Ocala, FL 34487 (City/State/and Zip Code) For further information concerning this matter, please call: Kathlen M. Gosik at (352) 351-5668 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: A\$35 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status & (Additional copy is enclosed) (Additional copy is
(Address) Ocala, FL 34487 (City/State/and Zip Code) For further information concerning this matter, please call: Koth len M. Gosik at (352) 351-5668 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is
(Address) Ocala, FL 34487 (City/State/and Zip Code) For further information concerning this matter, please call: Koth len M. Gosik at (352) 351-5668 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is
(Address) Ocala, FL 34487 (City/State/and Zip Code) For further information concerning this matter, please call: All len M. Gosik at (352) 351-5668 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$35 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is
(Address) Ocala, FL 34487 (City/State/and Zip Code) For further information concerning this matter, please call: All len M. Gosik at (352) 351-5668 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$35 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is
(City/State/and Zip Code) For further information concerning this matter, please call: Kathleen M. Gosik
(City/State/and Zip Code) For further information concerning this matter, please call: Kathleen M. Gosik
Kath len M. Gost at (352) 351-5668 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: Sas Filing Fee Sas
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & \$\sum \$certificate of Status & \$\sum \$certificate of Status & \$\sum \$certified Copy & \$\sum \$\sum \$certified Copy & \$\sum
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & \$\sum \$certificate of Status & \$\sum \$certificate of Status & \$\sum \$certified Copy & \$\sum \$\sum \$certified Copy & \$\sum
Enclosed is a check for the following amount: \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$\$\$\$ \$\square\$
Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 409 E. Gaines Street Tallahassee Florida 32314 Tallahassee Florida 32300

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

	<u> </u>
FIRST:	The name of the corporation as currently filed with the Department of State
	The name of the corporation as currently filed with the Department of State 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
SECOND:	The document number of the corporation (if known): P040000 45433.
THIRD:	The date dissolution was authorized: 7-1-04
	Effective date of dissolution if applicable: 7-1-04 (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
	Directors of Corporation
	Signed this 1st day of July 2004,
Signatus	(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)
	X hathleen W Gosili (Typed or printed name of person signing)
	Y President (Title of person signing)

Filing Fee: \$35