P04000000485

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SECRETARY OF STATE OF COMPONENTIALS

AMD 155 105/08

COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: Appliance Hospital, Inc. DOCUMENT NUMBER: P04000060485 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James L Guy (Name of Contact Person) Appliance Hospital, Inc. (Firm/Company) 4401 Shamrock St (Address) Sebring, FI 33872 (City/State and Zip Code) For further information concerning this matter, please call: at (863 Thomas W Lenihan EA (Area Code & Daytime Telephone Number) (Name of Contact Person) 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 Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:

Appliance Hospital, Inc. SECOND: The document number of the corporation (if known): P04000060485 THIRD: The date dissolution was authorized: 02/01/07 Effective date of dissolution if applicable: 02/01/07 [Incomore 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) Signature: (By a director, its ident or other officer - if directors or officer) have not been selected, by an incorporatory if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) James L Guy (Typed or printed name of person signing) President/Director James Guy	FIRST:	The name of the corporation as currently filed with the Florida Department of	State:			
THIRD: The date dissolution was authorized: O2/01/07		Appliance Hospital, Inc.				
Effective date of dissolution if applicable: O2/01/07	SECOND:	The document number of the corporation (it known).		_		
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) Signature: (By a director, pusident or other officer - if directors or officer) in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) James L Guy (Typed or printed name of person signing) President/Director James Guy	THIRD:	The date dissolution was authorized: 02/01/07		_		
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James L Guy (Typed or printed name of person signing) President/Director James Guy		(By a director, president or other officer - if directors or office)s have not been selected, by an incorporator-lif in the hands of a receiver, trustee, or other court appointed fiduciary, by	APR 30 PM	SECRETARY OF STA		
President/Director Lames Gvy		James L Guv	~	TIONS		
				-		
(Title of person signing)		President/Director James Guy (Title of person signing)				

Filing Fee: \$35