Po400061928

(Reque	estor's Name)
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(Address)	
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SECRETARY OF STATE TALLAHASSEE, FLORID,

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLUTION OF COMPORATION	
DOCUMENT NUMBER: PO 40006 1928	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
EREGORY SYMMES (Name of Contact Person)	
54MMES ENTERPLISES INC.	
(Firm/Company)	
(Firm/Company) 1860 TAMIAMI TRAIL NORTH (Address)	
(Address)	
NAPLES FL 34102	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
CREBORY SYMMB at (239) 877 9648	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
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MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

FILED

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit opportunity e following articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: SYMMES ENTERDAISES SECOND: The document number of the corporation (if known): The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: 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: a director, president of 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)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.