P04000077106

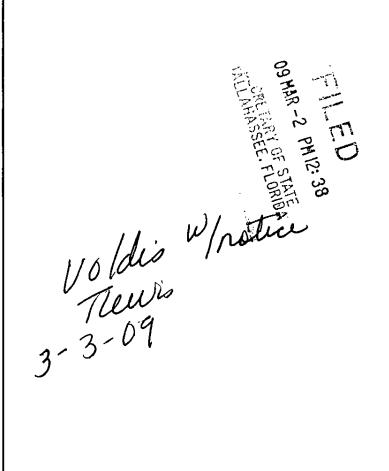
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
•						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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03/02/09--01020--019 **35.00



COVER LETTER

TO: Amendment Section			
Division of Corporations	C / C + Ant ATDI		
1)15SOLUTION	OF L CORPORTING		
SUBJECT: H-1, Z	HC CORPOR ATTON		
, -			
DOCUMENT NUMBER: P040	0000 77106		
The enclosed Articles of Dissolution and fe	e are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Brienia	J. HOGAN		
(Name of C	Contact Person)		
H LOCICO	MITH, LHC		
(Firm	/Company)		
9051 1411.	IAMI [RAIL, NORTH #103		
/ (Ac	ldress)		
NAPLES F.	L 34108-2520		
(City/Stat	te and Zip Code)		
For further information concerning this mat	ter, please call.		
BALBALASTIA			
I SHEOHRA V-HOGAK	at (239) -6/3 04/6		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount	nt;		
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee. Certified Copy Certificate of Status & Certified Copy enclosed) Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section Division of Corporations	Amendment Section 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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: A-/ LHC.						
SECOND:	The document number of the corporation (if known): Po 40000 77106						
THIRD: [The date dissolution was authorized: $\frac{12/31/08}{}$						
	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.						
4.	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						
	Solt Clouter DVT STAR TO						
	Signature: (By a director, president or other officer - it directors or officers have not been selected, by an incorporator - it in the hands of a receiver, trustee, or other court appointed tiduciary, by						
	that fiduciary) An Astron V- 1-00 44						
	(Typed or printed name of person signing)						
	(Title of reason signing)						

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 D	issolution" is optional an	id is not required wh	nen filing a voluntary	dissolution.	
Name of Corporation:	A-1 I	yc.		·	
Date of dissolution will be the specified in the Articles of D	e date the dissolution is listolution.	filed with the Depar	tment of State or as		
Description of information the	nat must be included in a	claim:			
Proor	MAN SUCH	L CLAIM	15 VAL	D, LEE	194
TRUB Alas		PROVES		= Bak	EL
AHD	DIRECTOR	د			
34					
Mailing address where claim	ADS TAMA		-	ons)	3
A claim against the above nowthin 4 years after the filing	g of this notice.	barred unless a pro	Karece I Ki	gan L	ienced
Printed Nar	ne of the Person Filing		Signature of the Per	⊀on Pding	

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00