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(Requestor's Name)				
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SECRETARY OF STATE

Do Patio

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Disselut	ion of	Company
DOCUMENT NUMBE	CR:		
The enclosed Articles o	f Dissolution and fe	e are submitted for	or filing.
Please return all corresp	ondence concerning	this matter to the	e following:
	Mich (Name of C	SE Man Contact Person)	ip'i
	Mar (Firm	/Company)	ter frises
	3850 (Ad	Tucks pt	
	winter (City/Stat	e and Zip Code)	32792
For further information	concerning this matt	ter, please call:	
(Name of Cor	Manieri ntact Person)	at (<u>407</u> (Area (
Enclosed is a check for t	he following amour	nt:	
	3.75 Filing Fee & [tificate of Status	\$43.75 Filing F Certified Copy (Additional copy enclosed)	
MAILING ADDI Amendment Sectorial Division of Corp P.O. Box 6327	ion		STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation subverse following 4:44 articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Manieri Enterprises Inc. The document number of the corporation (if known): SECOND: THIRD: FOURTH: (CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. SEVENTH: Adoption of Dissolution (CHECK ONE) X A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. Signature (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.) (Typed or printed name of person signing)

Filing Fee: \$35