P04000082317

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION OF CORPORATION	·
DOCUMENT NUMBER: P04000082317	
The enclosed Articles of Dissolution and fee are submitted for fi	iling.
Please return all correspondence concerning this matter to the fol	lowing:
CAROLE CRISP	
(Name of Contact Person)	
CAROLE CRISP PA	1
(Firm/Company)	
769 Dover Pl. # 202 (Address) Naples, FL 341074 (City/State and Zin Code)	7
(Address)	L CC AR AR
Naples, FL 341074	HASSEE, F
(City/State and Zip Code)	SEC T
For further information concerning this matter, please call:	STATE PLORIDA
(Name of Contact Person) at (239) (Area Code	370 -3907 e & Daytime Telephone Number)
(Name of Contact Ferson) (Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amount:	
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed)	& \$\sumsymbol{\sumsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\sin}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin
Amendment Section And Division of Corporations Division of Corporations Cl. P.O. Box 6327 Cl.	REET ADDRESS: mendment Section ivision of Corporations lifton Building 661 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:				
	CAROLE CRISP, P.A.				
SECOND	: The document number of the corporation (if known): P04000082317	_			
THIRD:	The date dissolution was authorized: April 29, 2009	_			
	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.				
	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)	1			
	Y OF STATE CE. FLORID	ニカフ			
	Signature: Caroling				
	(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)				
	Capole Crisp				
	(Typed or printed name of person signing)				
	- Resident				
	(Title of person signing)				

Filing Fee: \$35