## P04000086027

(Re	equestor's Name)	
ſAd	Idress)	
Ų		
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	#)
·		•
PICK-UP	WAIT	MAIL
/R/	siness Entity Nam	
(50	diness Linky Han	·e)
(Document Number)		
		j.v.
Certified Copies	Certificates	of Status
	<del></del>	
<u></u>		
Special Instructions to	Filing Officer:	ļ
		}
		}
		1
		1
		]
		ļ
		{
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

Office Use Only



900060908169

10/31/05--01012--022 \*\*43.75

DIVISION OF CORPORATIONS
2005 OCT 31 PM 12: 59

Toldis

18,0/31

## COVER LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: DISSOLUTION OF C	ARPORATION	
·		
n o our entre and and a		
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and	l fee are submitted for	r filing
The chelesca in their or physicians and	i ico are babililica io	
Please return all correspondence concern	ing this matter to the	following:
• ,		· ·
ROY V SMITH TIE	<del></del> ;	
ROY V SMITH III (Name o	of Contact Person)	
(F	irm/Company)	
2839 HESSEY AVE	VE	
(	(Address)	
PALM RAY FL (City/S	32905	
(City/S	State and Zip Code)	
For further information concerning this n	natter, please call:	
_	<b>.</b>	
(Name of Contact Person)	at (321	) 424 - 5393
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
enclosed is a check for the following aim	ount.	
□\$35 Filing Fee 🗵\$43.75 Filing Fee &	₹ 🗆 \$43.75 Filing F	ee & \$\sums\$\$ \$52.50 Filing Fee.
Certificate of Status		Certificate of Status &
	(Additional copy	is Certified Copy
	enclosed)	(Additional copy is
		enclosed)
MAHINC ADDECC.		STREET ADDRESS:
MAILING ADDRESS: Amendment Section	± 1	Amendment Section
Division of Corporations		Division of Corporations
P.O. Box 6327	-	Cliffon 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:		
	FIX IT NOW! THE		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 10-17-05		
	The document number of the corporation (if known):  The date dissolution was authorized:  [ID-17-05]  Effective date of dissolution if applicable: ID-17-05  (no more than 90 days after dissolution file date)  Adoption of Dissolution (CHECK ONE)		
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 of 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, 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)		
	(Title of person signing)		

Filing Fee: \$35