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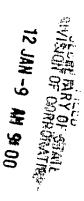
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
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Special Instructions to	Filing Officer:	
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Office Use Only



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C.COULLIETTE

JAN 1 0 2012

EXAMINER

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Southern GRACE, INC
DOCUMENT NUMBER: P0400094979
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANCES P. HEIZEFORD (Name of Contact Person)
(Name of Contact Person)
Southern Grace Inc. (Firm/Company) Home-Current Contactodores 301 Huy 41 5 (3623 GANIOTA Dr.) Ruskin, (Address) Ruskin F1. 33570 F1. 33573 (City/State and Zin Code)
(Firm/Company) Home- Current Contact doct
301 HWY 41 51 (3623 GAUJOTA De.)
RUSKIN, (Address) RUSKIN
F1. 33570 F1. 33573
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (813) 394-0354-cell (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: 813 - 642 - 9392 - Home
□ \$35 Filing Fee □ \$43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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	of State:
	Southern Grace, Inc.	
SECOND:	The document number of the corporation (if known): PO40009	14279
THIRD:	The date dissolution was authorized: 4/30/30/11	
	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 was sufficient for approval.	for dissolution
	Dissolution was approved by of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled
	The number of votes cast for dissolution was sufficient for approval by	12 J
	President - ONE	OF OF CHAN-9
	(voting group)	
		900 6
S	Bignature: Heruford (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)	1.
-	Frances P. HEREford (Typed or printed name of person signing)	<u>;</u>
	President lowner	
-	(Title of person 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 Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:

Southern Gence, From

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:

All Therefore Sold As of

April 30, 2011

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.

3623 GAULDTA DR.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

FRANCES P. HERE FORD Friend Hereford

Printed Name of the Person Filing

Signature of the Person Filing