## P0400009 6003

(Requestor's Name)	
(Address)	
(Address)	
(City/State/2	Zip/Phone #)
PICK-UP	VAIT MAIL
(Business E	ntity Name)
(Document Number)	
Certified Copies Co	ertificates of Status
Special Instructions to Filing Of	ficer:
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OS FEB - 7 AM 9: 45
PACINETARY OF STATE
TALLAHASSEE, FLORIDA

OS FEB TILED AN SIL TO: Amendment Section Division of Corporations The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Diane SIMPSON Diane SIMPSON CPA PA
(Name of Firm/Company) 8644 NW Zg Drive (Address) For further information concerning this matter, please call: Wane SIMPSON at 954 796-0564

(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \*\* S35 Filling Fee \$ \$43.75 Filling Fee & \$\subseteq\$ \$43.75 Filling Fee & \$\subseteq\$ \$52.50 Filling Fee, Certificate of Status Certified Copy Certificate of Status Certificate of Status &

(Additional copy is enclosed)

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Amendment Section

P.O. Box 6327

Certified Copy

STREET ADDRESS:

Amendment Section

409 E. Gaines Street

Division of Corporations

Taliahassee, Florida 32399

(Additional copy is enclosed)



## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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Filing Fee: \$35