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EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of "First Subs, Inc."
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Name of Contact Person)
(Firm/Company) 17741 Sw Z Street (Address)
(Address)
P / V P: K/ 77020 7624
Pembroke Pines, FL 33029-3924 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (974) 477-6278 (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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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 First Subs, Inc.	nt of S	tate:		
SECOND:	Dallacotte	- 189:	55		
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable: Tempediate (no more than 90 days after dissolution)	ıtion file	date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cawas sufficient for approval.	ast for	disso	lution	
	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	SECRETAR'	09 APR 23	Camar Camar T	
	(voting group)	Y OF STATE GE, FLORID	AH 9: 02	the state of the s	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, be an incorporator - if in the hands of a receiver, trustee, or other could appointed fiduciary, that fiduciary)	— by by			
	(Typed or printed name of person signing)	_			
	President (Title of a grand significant)	_			

Filing Fee: \$35