PO4000119133

(Re	equestor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	ty/State/Zip/Phon	e #)
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(Do	cument Number)	
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: PO4000119133
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John W. Hart
(Name of Contact Person)
Sunny Days Professional Lawn Care, Inc. (Firm/Company)
1275 Bolton Rd.
New Smyrna Beach, FL. 32168 (City/State and Zip Code)
For further information concerning this matter, please call:
Sohn N. Hart at (386) 847-0748 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) 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 607.1401, 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:	
	Sunny Days Professional Lawn Care, Inc.	
SECOND:	The document number of the corporation (if known): PO 4000 119133	
THIRD:	The file date of the articles of incorporation: 10/6/06	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	ger
	The corporation has not commenced business.	, ,
FIFTH:	No debt of the corporation remains unpaid.) E
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	ئ ئ
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	ature:	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	if
	NI NI II	
	(Typed or printed name of person signing)	
	President Jowner (Title of Person Signing)	

Filing Fee: \$35