P04000123643

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
(Oly) Successive Horizon
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Certified Copies Certificates of Status
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Your Home Lasn Solution Team, Inc
DOCUMENT NUMBER: PO 4000 123643
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)
36014hS+ N.
(Address)
St. Pete, FC 33702 (City/State and Zip Code)
For further information concerning this matter, please call:
Tony MCGH at (727) 250-3810 (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 & Certificate of Status & Certified Copy & Certifie
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of
	Your Hane Lam Solution Team, Inc.
SECOND:	The document number of the corporation (if known): PD 4000 123643
THIRD:	The date dissolution was authorized: 2-5-2007
	Effective date of dissolution if applicable: 2-5-207 (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 for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group estititles 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 bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	Parident
	(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: Your Home Loss Solution Team, Fre.
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:
Company Name - Address - Contact person Phone pumber - France - Signed Po
Phone sumber - France - Signed PO

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

8601 414 St N. St. Pete, FL 33702

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.

Tuny Mc Coll, provident.

Printed Name of the Person Filing

Rignature of the Person Filing