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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: Closing of Bussingess
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DIANE L LINESDUNY (Name of Person)
OLK Floor Covering (Name of Firm/Company)
9424 SW 53×D St. (Address)
(Address)
(Address)  Looper Coly FIA 33328  (City/State/and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (954) 319 - 1038 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified 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 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles
Or Gissoluti	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	DLR Floor Covering Inc.
SECOND:	The document number of the corporation (if known): POHODO 129661
THIRD:	The date dissolution was authorized: $\frac{7/4}{0.5}$
	Effective date of dissolution if applicable: John 10, 2005  (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 of 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
	Drane Knesbusj
	Signed this $\frac{4}{3}$ day of $\frac{50/4}{3}$ .
	$O_{1} O_{2} O_{3} O_{4} O_{4}$
	Signature:  (By a director, president of 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)
	(Typed or printed name of person signing)
	Owner Ales- (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:

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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:

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

9424 Sw 5320 St Coapen Cty Fig. 33328

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.

Drame Line Story
Printed Name of the Person Filing

Signature of the Person Filing