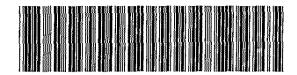
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i.
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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09/18/07-01049-002 **35.00

MWMS

ment.

SECRETARY OF STATE

T. Roberts QEP 957007

COVER LETTER

Division of Corporations	
SUBJECT: Kangaroo Jump DOCUMENT NUMBER: PO 4000 /36	, anc.
DOCUMENT NUMBER:	203
The enclosed Articles of Dissolution and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Resda Esteva	eh
(Name of Contact Person)	V
borne	
(Firm/Company)	
14178 SW 164 torsace (Address)	
(Address)	·
MiAni, FE (City/State and Zip Code	33171
(City/State and Zip Code	e)
For further information concerning this matter, please call:	
(Name of Contact Person) at (78	6) 956+920 va Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	,
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$643.75 Fi	py Certificate of Status &
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 EURE TARY OF STATE Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following

articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:
Kangardo Amp, enc.
The document number of the corporation (if known): 12/200 136203
The file date of the articles of incorporation: $9/30/2004$
(CHECK AT LEAST ONE BOX)
None of the corporation's shares have been issued.
The corporation has not commenced business.
No debt of the corporation remains unpaid.
The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.
ature: (By a director, president or 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) Resident

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