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(Requesto	or's Name)		_
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(City/State	e/Zip/Phone #)		_
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SECRETARY OF STATE
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amanda Dease (Name of Contact Person)
Express Intersections, Inc.
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
(Firm/Company) 525 Duren Ave.
Osteen FZ 32764
(City/State and Zip Code)
For further information concerning this matter, please call:
Amanda Dease at (386) 747-7193  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$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 CircleTallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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Filing Fee: \$35