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COVER LETTER

DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EUNKYUNG KIW) (Name of Person) Livga, Inc. (Name of Firm/Company) 12084 Lake Upvess Civ. # J105 (Address) Orlando, FL 32828 (City/State/and Zip Code) For further information concerning this matter, please call:		
The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EUNKYUNG KIM (Name of Person) Livga, Inc. (Name of Firm/Company) 12084 Lake Gypress Civ. # J105 (Address) Orlando, FL 32828 (City/State/and Zip Code)		
Please return all correspondence concerning this matter to the following: EUNKYUNG KIM (Name of Person) Livga, Inc. (Name of Firm/Company) 12084 Lake Upvess Civ. # J105 (Address) Orlando, FL 32828 (City/State/and Zip Code)		
Eunkyung Kim (Name of Person) Livga, Inc. (Name of Firm/Company) 12084 Lake Upress Civ. # J105 (Address) Orland., FL 32828 (City/State/and Zip Code)		
(Name of Firm/Company) 12084 Lake Cypress Civ. # J105 (Address) Orland., FL 32828 (City/State/and Zip Code)		
(Name of Firm/Company) 12084 Lake Cypress Civ. # J105 (Address) Orland., FL 32828 (City/State/and Zip Code)		
(Name of Firm/Company) 12084 Lake Cypress Civ. # J105 (Address) Orland., FL 32828 (City/State/and Zip Code)		
12084 Lake Cypress Civ. #J105 (Address) Orland., FL 72828 (City/State/and Zip Code)		
Orland., FL 32828 (City/State/and Zip Code)		
Orland., FL 32828 (City/State/and Zip Code)		
(City/State/and Zip Code)		
(City/State/and Zip Code)		
For further information concerning this matter, please call:		
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Eunkyung Kim at (407) 617.8181 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (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 & (Additional copy is enclosed) (Additional copy is enclosed)		
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section		
Division of Corporations Division of Corporations Division of Corporations		
P.O. Box 6327 409 E. Gaines Street Tallahassee, Florida 32314 Tallahassee, Florida 32399		

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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 Livaa, Inc.	State:		
SECOND:	The document number of the corporation (if known): Po40001370	19		
THIRD:	The date dissolution was authorized: $4-21-05$			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution for	ile date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution		
	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			
	(voting group)			
	Signed this 21st day of April , 2005.			
	Signature: (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)	TALLAPASS SE, FLORIC 05 MAY 13 AH 10: 02		
	Eunkyung Kim (Typed or printed name of person signing)	ASSET OF THE PARTY		
	Servetary & Treasurer (Title of person signing)	STATE FLORIDA 10: 02		
	(Title of person signing)			

Filing Fee: \$35