Po4000/57235

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(City/State/Zip/Phone #)	
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(Document Number)	02/05/0701018004 **43.75
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Workenhouse Shell of Remodeling Contegutors, ZNC
DOCUMENT NUMBER: P04000157275
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)
Waterphouse Unstruction Group ZNC (Firm/Company)
5910 Commerce Lane (Address)
(Address) Sath Mianui P 33143 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 663-4606 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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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 607.1403, 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 State:
	Waterhouse Shell of Remodeling Continuitors zuc-
SECOND:	The document number of the corporation (if known): P04000 157 275
THIRD:	The date dissolution was authorized: 126,000
	Effective date of dissolution if applicable: (no more than 90 days after dissolution tile 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 entitled 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 hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Carlos Deleon
	(Typed or printed name of person signing)
	(Title of person signing)
	(True of person aigning)

Filing Fee: \$35