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(863) 465-2811
FAX: (863) 465-6999

PLEASE REPLY TO: LAKE PLACID

November 8, 2007

tim@heartlandlaw.com

AMENDMENT SECTION DIVISION OF CORPORATIONS P. O. Box 6327 Tallahassee, Florida 32314

RE: DISSOLUTION OF CONDO CARE UNLIMITED, INC.

Dear Sir/Madam:

Please find enclosed original Articles of Dissolution, together with a copy thereof, and a photocopy of the minutes of a Special Meeting of Joint Shareholders and Directors for the above-referenced corporation. We have also enclosed our check in the amount of \$35.00 made payable to the Florida Department of State representing the filing fee for same.

Upon receipt of this letter and its enclosures, we would request that you file this document and forward a date-stamped copy of the Articles of Dissolution to this office in the enclosed stamped, self-addressed envelope.

Thank you for your assistance in this matter.

Very truly yours,

-J. Timothy Sheehan

JTS/gl Enclosures xc: Client

## ARTICLES OF DISSOLUTION OF CONDO CARE UNLIMITED, INC.



Pursuant to Section 607.1403 of the Florida Statutes, the undersigned Corporation adopts these Articles of Dissolution.

FIRST:

The name of the Corporation is CONDO CARE UNLIMITED, INC.

SECOND:

The dissolution was authorized on the **28** day of October, 2007.

THIRD:

The dissolution was unanimously approved by the shareholders.

FOURTH:

These Articles of Dissolution will take effect on the 25<sup>Th</sup> day of

OCTUBION, 2007.

Dated: OCTOBER 28, ZOUT

CONDO CARE UNLIMITED, INC.

PATRICIA ANN WHITE

As its President

ROY WILLIAM PHILLIPS, JR.

As its Secretary

## STATE OF FLORIDA COUNTY OF BREVARD

The foregoing instrument was acknown	wledged before me this
2007, by PATRICIA ANN WHITE, as Pres	sident of CONDO CARE UNLIMITED, INC., a Florida
corporation, on behalf of the Corporation, ar	nd that she is [4] personally known to me, or that she has
[] produced her	as identification and who did not take an oath.
	Printed Name: 61 and 5 Krasny  Notary Public, State of Florida  My Commission, Expires: 2/26/2008  My Commission Expires: 4 DD 294410  (STATE OF CONDO CARE UNLIMTIED, INC., a
Florida corporation, on behalf of the Corpor	ration, and that he is [] personally known to me, or that
he has [Uproduced his Florida Driver's Liz	as identification and who did not take an oath.

Printed Name: 61202 5. Kresy
Notary Public, State of Florida
My Commission Expires: 2/26/2008
My Commission Number: 14 DD 294410

(Affix Notary Seal)