# P0500003732

•			
(Re	equestor's Name)		
(Ac	ddress)		
	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
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ANASSEF. FLORIDA



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: SUPERT PEST CONT	TROL SERVICES CORP				
DOCUMENT NUMBER: P0700002407					
The enclosed Articles of Dissolution and fe	ee are submitted for filing.				
Please return all correspondence concerning	g this matter to the following:				
MANUEL ALVAREZ					
(Name of C	Contact Person)				
(Firm	n/Company)				
14811 SW 170 TERR					
(Ad	ddress)				
MIAMI, FL 33187					
	te and Zip Code)				
For further information concerning this matt	ter, please call:				
MANUEL ALVAREZ	at ( 305 ) 244-8490				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount	nt:				
\$35 Filing Fee \( \sum \)\$43.75 Filing Fee & [  Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)				
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

# **COVER LETTER**

Division of Corporations		
SUBJECT: DISOLUTION OF CR	YSTALINA CARPE	T CARE, INC
DOCUMENT NUMBER: P0500000	3732	
The enclosed Articles of Dissolution and i	fee are submitted for filing.	
Please return all correspondence concernin	g this matter to the followi	ng:
ROBERT GRAHAM, CPA		
(Name of	Contact Person)	
ROBERT GRAHAM CPA AND	ASSOCIATES, INC	
(Fire	n/Company)	
1518 NORWICK SRIVE		
(A	ddress)	
LUTZ, FL 33559		
(City/Sta	te and Zip Code)	
For further information concerning this ma	tter, please call:	
ROBERT GRAHAM	at (_813) 60°	1-5513
(Name of Contact Person)		Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
✓\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDDESS.	CTDDD	T ADDRESS.

### MAILING ADDRESS:

' TO: Amendment Section

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 3230!

# 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:					
	CRYSTALINA CARPET CARE INC.					
SECOND:	The document number of the corporation (if known): P0500003732					
THIRD:	The date dissolution was authorized: DECEMBER 31, 2006					
	Effective date of dissolution <u>if applicable</u> : DECEMBER 31, 20 (no more than 90 days after dis	06 solution f	ile date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of vote was sufficient for approval.	s cast fo	or disso	olution		
	Dissolution was approved by the shareholders through voting group	ρs.				
	The following statement must be separately provided for each voting go to vote separately on the plan to dissolve:	roup en	titled			
	The number of votes cast for dissolution was sufficient for approval by	SECRE	2007 FEI	7		
	CHRIS KALOGEROPOULOS	TARY ASSE	8-9			
	(voting group)	OF STATE	007FEB-9 AMII:57			
;	Signature:	<del></del>				
	(By a director president or other officer - if directors or officers have not been select an incorporator - if in the hands of a receiver, trustee, or other court appointed fiducia that fiduciary)					
	CHRIS KALOGEROPOULOS					
	(Typed or printed name of person signing)					
	PRESIDENT					
	(Title of person signing)					

Filing Fee: \$35