(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Dissolution	of O'Ne'IllMinited, Inc		
DOCUMENT NUMBER:	-		
The enclosed Articles of Dissolution and fe	e are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
- Venceth O'N	eill		
(Name of Contact Person) B O'NEILI UMIMHED INC			
(Firm	/Company)		
97033 Bell L	dress)		
Jule 1 2	2097		
(City/State	e and Zip Code)		
For further information concerning this matter, please call:			
Kenneth O'De'	at (901) 401-00 (Area Code & Daytime Telephone Number)		
,	,		
Enclosed is a check for the following amoun			
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & [Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section Division of Corporations	Amendment Section		
P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, 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	of State:
SECOND:	The document number of the corporation (if known): POS 000	<u>01521</u> 8
THIRD:	The date dissolution was authorized: 10-25-0	
	Effective date of dissolution if applicable: 10-1000 (no more than 90 days after dissolution	file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	2006 DEC 26
	(voting group)	
	Signature: (By a diffector, 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)	
	(Typed or printed name of person signing)	
	(Title of person signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00