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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Elizabeth E. Berenguer, PA
DOCUMENT NUMBER: <u>P050000 27 617</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth E-Beverquex (Name of Confact Person)
Blrenguer Rogan, PL (Firm/Company)
320 N. Magnolia Avenue Ste A10 (Address)
Orlando, FL 32801
(City/State and Zip Code)
For further information concerning this matter, please call:
Chame of Contact Person) at (407) 447 5080 (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 & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

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 o	f State:	
	Elizabeth E. Berenaver PA		
SECOND:	Data and of	761	7_
THIRD:	The date dissolution was authorized: 12 31 05		
	Effective date of dissolution if applicable: (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 diss	olution
	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:	ි පි	
	The number of votes cast for dissolution was sufficient for approval by	JUN 16	
		? ?	
	(voting group)	3: 02	
	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, trustre, or other court appointed fiduciary, by that fiduciary)		
	CTyped or printed name of person (signing)		
	P(lsident (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.

specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Date Claim arose, Name + address of Claimant, description of facts and circumstances giving rise to claim, damages claimed.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Blickquer Ragan, PL Block, Magnolia Ave Ste A10 Orlando, Fr 32801
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

El: zaboth