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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution of Corporation		
DOCUMENT NUMBER: P0500027671		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Paula Zima		
(Name of Contact Person)		
(Firm/Company)		
1835 Winding Ridge Circle		
(Address) Palm Bay F1 3299 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at	(321) 223-7549 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
(Add	75 Filing Fee & \$\Bigsquare\ \\$52.50 Filing Fee. \\ ified Copy	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following PH 4: 36 FIRST: The name of the corporation as currently filed with the Florida Department of State: The document number of the corporation (if known): \$\int 05000 2767/ SECOND: The file date of the articles of incorporation: THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. effective - 12-01-08 Adoption of Dissolution (CHECK ONE) SEVENTH: A majority of the incorporators authorized the dissolution. ☐ A majority of the directors authorized the dissolution. 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.) (Typed or printed name of person signing)

Filing Fee: \$35