P05000035295

(Re	questor's Name)	
(Ad	dress)	
(Ade	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· (Bus	siness Entity Nar	ne)
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(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	
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2007 JAN 17 AM 10: 30
SECRETARY OF STATE
ALLAHASSEE FINALE

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C. Coulliste JAN 1 9 2007

COVER LETTER

Division of Corporations		
SUBJECT: Displution of Business		
DOCUMENT NUMBER: P0500035295		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
AMI PROOLD		
(Name of Contact Person)		
AMI Accounting Inc		
3706 NW 33 vd Cf		
Coconot (Address) FL 33066		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (954) 590-37-79 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
Striling Fee Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Striling Fee Status 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		

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:	
	AMI ACCOUNTING, INC.	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized: 12 31 2006	
	Effective date of dissolution if applicable: 131 300 (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 for dissolution was sufficient for approval.	
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	
,	Ani (leet) = = = =	
	(voting group)	
	SEE, FL	
	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)	
	ANT ARNOLD	
	(Typed or printed name of person signing)	
	Owner/President	
(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. Name of Corporation: 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

Printed Name of the Person Filing