## Po5000037820

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900097136129

jiss

04/20/07--01027--017 \*\*35.00

2007 APR 20 PH 4: 45
SECRETARY OF STATE
SECRETARY OF STATE

Ky C

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Dissollution	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Donna P. Word (Name of Conta	
James P. Nora (Firm/Con  (Address	INC
(Firm/Coi	mpany)
10430 Lauderdale	- 24c
•	,
Jupiter Fl. 3349 (City/State and	d Zip Code)
For further information concerning this matter, p	
DONNA P. NOVA (Name of Contact Person)	at (521) (22-173)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce (A	43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, ertified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following SECRETARY OF STATE TALLAHASSEE. FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:
SECOND: The document number of the corporation (if known):
THIRD: The file date of the articles of incorporation: $3-1/-2005$
FOURTH: (CHECK AT LEAST ONE BOX)
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.
SEVENTH: Adoption of Dissolution (CHECK ONE)
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

## **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.

Description	of information that must be included in a claim:	
<u> 10 (</u>	Plain	***
ailing add	ress where claims can be sent: (Claims cannot be sent to the Divisio	on of Corporations)
	·	•
	11450 Rouderdale JM.	
	16430 Landerdale Str. Jupiter 71-33458	
	Jupiter 71.33458	

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

Signature of the Person Filing

Printed Name of the Person Filing