(Re	equestor's Name)	
(Ac	ldress)	
	ldress)	
(Ci	ty/State/Zip/Phone a	#)
PICK-UP		MAIL.
(Bu	isiness Entity Name	ə)
(Dc	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

BRENDA L. BARFIELD CONSUMER CREDIT INVESTIGATION INC.

SUBJECT: CONSUMER CREDIT INVESTIGATION INC. Ref. Number: P05000042422

We have received your document for CONSUMER CREDIT INVESTIGATION INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution can not be filed on an active Corporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum Document Specialist

Letter Number: 806A00012679

ARTICLES OF DISSOLUTION

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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:		
	Consumer Credit Investigation Inc.		
SECOND:	The document number of the corporation (if known): $PO500042422$		
THIRD:	The date dissolution was authorized: <u>OI-OI-O6</u>		
	Effective date of dissolution if applicable:		
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 of 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		
	(voting group)		
:	Signature: (by a director, president or over officer - if directors, or officers have not been selected, by an incorporator - if in the hapes 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.

Thestigation Inc. ONSUMER 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. $\partial | - \partial | - \partial |_{\Omega}$

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)

3270 -la

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.

Signature of the Person Filing

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