(Requestor's Name) (Address)	900097167659
(Address)	800087167658
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	02/05/0701018003 **43.75
(Document Number) Certified Copies Certificates of Status	n-55
Special Instructions to Filing Officer:	O7 FEB -5 AM 9: 42 SECKE TARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only

SUBJECT: Treasure Coast X-treme, Inc.	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person)	
(Firm/Company)	
8420 Brooksedge Dr., Apt #301	
Charlotte, NC 28216 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Name of Contact Person) at (172) 201-6994 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\square \text{\$\frac{1}{2}}\$\$43.75 Filing Fee & \$\square \text{\$\frac{1}{2}}\$\$43.75 Filing Fee & \$\square \text{\$\frac{1}{2}}\$\$\$\$\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) \$\text{\$\frac{1}{2}}\$	
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Treasure Coast X-treme, Inc.
SECOND:	The document number of the corporation (if known): POS COOO49 248
THIRD:	The file date of the articles of incorporation: April 1200
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.
Sign	ature: Ovdi Yarci
	(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)
	President (Title of Person Signing)

articles of dissolution:

Filing Fee: \$35