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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISOLVEMENT OF COLPORATION
DOCUMENT NUMBER: <u>POS 0000 511 50</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PATEL & SUUNGTON (Name of Contact Person)
ELUNGTON HAME INSPECTIONS (Firm/Company)
NEW ADDRESS: 5830 Sw 15+ Ct. (Address)
CAPS CORRE FLORIDA 35914 (City/State and Zip Code)
For further information concerning this matter, please call:
POTER F. ELLINGTON at (239) 443 9020 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	ELLINGTON 130 MS INSPECTIONS INC.
SECOND:	The document number of the corporation (if known): 10500051156
THIRD:	The file date the articles of incorporation: $4-1-05$
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.
	Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution.
Signa	De 1 Soft
	PFFAL F. ELLINGFOW (Typed or printed name of person signing)
	PUSIDENT (Title of Person Signing)

Filing Fee: \$35