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CRETARY OF STATE
CRETARY OF STATE

(185) C. Coulliette JAN 1 9 2007

COVER LETTER

TO:	Amendment Section
	Division of Corporations

...

SUBJECT: CORPORATE DISSOLUTION	N
DOCUMENT NUMBER: P05000061843	
The enclosed Articles of Dissolution and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Shannon O. Holcombe	
(Name of Contact P	erson)
Marine Dealer Sales, Inc.	
(Firm/Compar	ny)
526 NW 9th Avenue	
;;···~ (Address)	
Crystal River, FL 34428	
(City/State and Zip	o Code)
For further information concerning this matter, pleas	e call:
Shannon O. Holcombe at (352) 563-5439
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & Certified Copy
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:
	Marine Dealer Sales, Inc.
SECOND:	The document number of the corporation (if known): P05000061843
THIRD:	The date dissolution was authorized: 4/24/2006
	Effective date of dissolution <u>if applicable:</u> 4/24/06 (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
	(voting group)
	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)
	Shannon O. Holcombe
	(Typed or printed name of person signing)
	President/Secretary
	(Title of person signing)

Filing Fee: \$35