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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: FLOORING WHOLESALERS INC	D
DOCUMENT NUMBER: P05 000066131	
The enclosed Articles of Dissolution and fee are submitted t	for filing.
Please return all correspondence concerning this matter to the	e following:
MIKE BRIGANDI	
(Name of Contact Person)	
FLOORING WHOLESALERS INC.	
(Firm/Company)	
3789 FOWLER STREET SUITE C	
(Address)	
FT MYERS, FL 33901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MIKE BRIGANDI at (239) 278-0142
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Better Certificate of Status Certified Copy (Additional copenciosed)	Certificate of Status &
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

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:
	FLOORING WHOLESALERS INC.
SECOND:	The document number of the corporation (if known): P050000 64121
THIRD:	The file date the articles of incorporation: 05/02/2005
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.
Sign	ature:
- 5	(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.)
	MIKE BRIGANDI (Typed or printed name of person signing)
	(1) pod or printed hante of person signing)
	DIRECTOR (Title of Person Signing)

Filing Fee: \$35