05000066227

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JAN 2 5 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: ARTICLES OF DISSOLUTION - FLORIDA PROFIT CORPORATION
DOCUMENT NUMBER: P05000066227
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LYNN ROSE
(Name of Contact Person)
YNN ROSE J.D., INC
(Firm/Company)
BARRACUDA LANE
(Address)
KEY LARGO, FL 33037
(City/State and Zip Code)
For further information concerning this matter, please call:
_YNN ROSEat (_305) 393-6753
(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 Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, 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

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 LYNN ROSE J.D., INC.	of State	e:			
SECOND:	D0500066337					
THIRD:	The date dissolution was authorized: DECEMBER 31, 2011					
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	n file dat	e)	_		
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes case was sufficient for approval.	t for di	ssolut	tion		
	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 .	10年10年10日	12 J			
	(voting group)	WHICH THE WASHE	JAN 24 PH 12: 34			
	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)					
	LYNN ROSE Lynn Rose (Typed or printed name of person signing)					
	PRESIDENT					
	(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.
Name of Corporation: LYNN ROSE J.D., INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
WRITTEN STATEMENT IN WHICH YOU: (i) identify the name and address
of the claimant; (ii) describe the nature of the claim, the facts out of which
the claim arose, and the date on which the claim accrued; (iii) identify the
dollar amount of the claim, if known, and if not known, provide an estimate;
and (iv) contact person name, address and phone number.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
LYNN ROSE J.D., INC.
C/O LYNN ROSE
7 BARRACUDA LANE
KEY LARGO, FL 33037
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
LYNN ROSE Rynn Proc
Printed Name of the Person Filing Signature of the Person Filing

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