(Address) (Address)	900135966319
(City/State/Zip/Phone #)	,
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	09/22/0801031016 **52.50 2009 SEP 22 SECKE TARY TALLAHASSI
Special Instructions to Filing Officer:	22 AH 2: 13 SSEE, FLORIDA SSEE, FLORIDA
Office Use Only	

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of my Busi	
DOCUMENT NUMBER: 05000685	57
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	g:
Many Pat Berg (Name of Contact Person)	
Big Manas Cleaners, (Firm/Company)	Inc
8596 5.W 4051 (Address)	
Miam; Fl 33/55 (City/State and Zip Code) Mail	mon Pat Bers to 86785W 405th Sinte 205 Miani, F1.33155
For further information concerning this matter, please call:	Miani, 81.33155
(Name of Contact Person) at (186) 4 (Area Code & D	Paytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee \$\times\$\$\\$43.75 Filing Fee & \$\times\$\$ Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	T ADDRESS:
	ment Section n of Corporations
	Building
	xecutive 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:
	Big Mana's Cleaners, Inc
SECOND:	The document number of the corporation (if known): 1050006855
THIRD:	The file date of the articles of incorporation: $5-10-2005$
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: (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)
	Owner - Resident 100% & Show (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. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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