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(Re	equestor's Name)	
. (Ac	ddress)	<u> </u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL MAIL
. (Bu	ısiness Entity Nan	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



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06/07/06--01044--003 **1.00

06/07/06--01044--002 **34.00

Vollis Mofice



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Extreme Pertenmance Echono De Elonide, I
DOCUMENT NUMBER: PO 50000 80(de)
The enclosed Articles of Dissolution and five are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dorceld TCSNQW (Name of Contact Person)
(Firm/Company) (Address) City/Stan; and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
335 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
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

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	ARTICLES OF DISSOLUTION $06 \frac{F}{4m}$
Pursuant to of dissoluti	o section 607.1403, Florida Statutes, this Florida profit corporation submits the following article ion:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
SECOND:	The document number of the corporation (if known): 205000 8000 L
THIRD:	The date dissolution was authorized: 53100
	Effective date of dissolution if applicable: (no more than 90 lays 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
	Drutto
	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)
	Tesman (Typed or printed name of person signing)

Filing Fee: \$35

(Title of pers in signing)

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