105000081326

(Requestor's Name)	
(Address)	
(Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)	
(Document Number)		
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06/17/11--01005--021 **43.75





11/1/20-11

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Dissolution	
DOCUMENT NUMBER: P05000081326	
DOCUMENT NUMBER: 1 0000001020	-
The enclosed Articles of Dissolution and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	o the following:
The second of th	, .
Travis W. Trueblood, LL.M.	
(Name of Contact Person	n)
·	•
Trueblood Law Group, P.A.	
(Firm/Company)	
P.O. Box 1270	
(Address)	
Moore Haven, FL 33471	
(City/State and Zip Cod	de)
(eligiblate and 21p eet	,
For further information concerning this matter, please cal	l:
Travis W. Trueblood, LL.M. at (86	3) 946-9160
	rea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
_	_
□\$35 Filing Fee □\$43.75 Filing Fee & ▼\$43.75 Fili	-
Certificate of Status Certified Co (Additional	• •
enclosed)	(Additional copy is
	enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	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 607.1403, 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:			
	Everglades Realty, Inc.			
SECOND:	The document number of the corporation (if known): P05000081326			
THIRD:	The date dissolution was authorized: 05/31/2011			
	Effective date of dissolution if applicable: 05/31/2011 (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 was sufficient for approval.	dissolution		
	Dissolution was approved by the shareholders through voting groups.	thed 1		
	The following statement must be separately provided for each voting group entite to vote separately on the plan to dissolve:	ited 3		
	The number of votes cast for dissolution was sufficient for approval by	STATE OF STA		
	(voting group)	,		
	Signature: Deba Cullen - Davis (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)			
	Debra Cullen Davis			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

Filing Fee: \$35