## P05000002804

(Requestor's Name)	-		
(Address)	-		
(Address)	-		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)	-		
(Document Number)			
Certified Copies Certificates of Status	- : :		
Special Instructions to Filing Officer:	]		

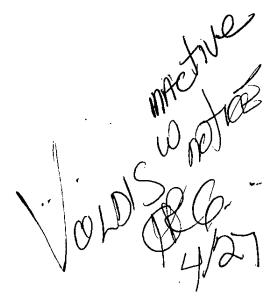
Office Use Only



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04/26/10--01028--023 \*\*35.00

FILED 10 APR 26 PM 1: 20
SECRETARY OF STATE
SECRETARY OF STATE



## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

SUBJECT: X DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/Company) City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee \$\infty\$\$\$43.75 Filing Fee & \$\infty\$\$\$\$\$ \$\infty\$\$\$\$152.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **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 the south of the s	
SECOND:	The document number of the corporation (if known): x +0 5,0000	82804
THIRD:	The date dissolution was authorized: $4-20-10$	
	Effective date of dissolution if applicable: X 4-20-10 (no more than 90 days after dissolution)	n file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	t for dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled
	The number of votes cast for dissolution was sufficient for approval by	••••
	LO EN BANGOS  (voting group)	10 APR 26 P SECRETARY O ALLAHASSEE
	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)	PH 1: 20 . RY OF STATE SEE, FLORIDA
	(Typed or printed name of person signing)	
•	X 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.

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:
Description of information that must be included in a claim:
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x 1523 AUT 19 Suthe B. HOCIDAY FC 34691
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commerwithin 4 years after the filing of this notice.
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