P05000090166

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Corpora	ation
DOCUMENT NUMBER: P05000090	166
The enclosed Articles of Dissolution and fee ar	e submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Michael J Cusick	
(Name of Cont	act Person)
M M & M Restoration Inc.	
(Firm/Co	mpany)
6435 Temple Rd.	
(Addres	ss)
Jacksonville Fl. 32217	
(City/State an	d Zip Code)
For further information concerning this matter, p	please call:
Michael J Cusick	at (_904) 813-8912
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Co	43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, ertified Copy
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

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:		
	M _, M & M Restoration Inc.		
SECOND:	The document number of the corporation (if known): P05000090166		
THIRD:	The date dissolution was authorized: March 15, 2007		
	Effective date of dissolution <u>if applicable</u> : March 15, 2007 (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 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		
	President		
	(voting group)		
	CRETARY LAHASSEE		
	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)		
	Michael J Cusick		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35