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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Bullet Painting Inc Dissolution	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Edwin V. Crowther Sr.	
(Name of Contact Person)	
Bullet Painting Inc.	· ·
(Firm/Company)	
247 W 4th Street	
(Address)	
Chuluota, Florida 32766	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
,	code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Stiling Fee \$\sum \$\\$43.75 \text{ Filing Fee & Substitute of Status}\$ Certificate of Status Certified Copy (Additional copenclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Amendment Section Division of Corporations	Amendment Section 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: Bullet Painting, Inc
SECOND:	The document number of the corporation (if known):
ГHIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (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
	The number of votes cast for dissolution was sufficient for approval by (voting group) (voting group)
	F STATE ORIDA
	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)
	Edwin V Crowther (Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35