## P0500091628

(Requestor's Name)	<del></del>
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Recorded Recollections, Inc.	-Dissolution
DOCUMENT NUMBER: P 05400091628	
The enclosed Articles of Dissolution and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	e following:
David Hollander	
(Name of Contact Person)	
(Firm/Company)	
9803 Creatfront Rd. #1304	
(Fludioss)	
Jrckscnville, F1 32256 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Name of Contact Person) at (954)	) G95-4708
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status &
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 607.1401, 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 Recorded Recollections, Inc.	it of State	3:	
SECOND:	The document number of the corporation (if known): P050009162	8		,
THIRD:	The file date the articles of incorporation: $6/27/05$			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been dis to the shareholders, if shares were issued.	tributed	06	
SEVENTII:	Adoption of Dissolution (CHECK ONE)	CRE		ना
	A majority of the incorporators authorized the dissolution.	TARY ASSE	3 17	FE
	A majority of the directors authorized the dissolution.	CRETARY OF STATE	PH 1: 33	Ū
Sign	ature:  (By a director, president or other officer - if directors or officers have not been selected, by an	incorporate in the second		
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	imorporan	A - 11	
	Orvice Hollettee  (Typed or printed name of person signing)			
	Prosident (Title of Person Signing)			

Filing Fee: \$35