PO50000 96170

(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:		
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Carporation Dissolution
DOCUMENT NUMBER: P0500096170
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Inide Lupods (Name of Contact Person)
(Name of Contact Person)
Sevin M' Staff (Firm/Company)
(Firm/Company) 19501 Gulleward (Address)
Andien Shares, Il 33785
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 896-8026 Left 302 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status & Certificate & Cert
MAILING ADDRESS: STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Departr	nent of St	ate:	
	Swim N' STUFF CORPOR			
SECOND:	The document number of the corporation (if known): P05000	0096.	170)
THIRD:	The file date the articles of incorporation: 7-7-05		_	
FOURTH:	(CHECK AT LEAST ONE BOX)	SECRE	06 JUN	-17
	None of the corporation's shares have been issued.	E SE	N 28	
	The corporation has not commenced business.	OF STA	₩ 8	Ö
FIFTH:	No debt of the corporation remains unpaid.	高温	ល្អ	
SIXTH:	The net assets of the corporation remaining after winding up have been to the shareholders, if shares were issued.	distribute	d	
SEVENTH:	Adoption of Dissolution (CHECK ONE)			
	A majority of the incorporators authorized the dissolution.			
	A majority of the directors authorized the dissolution.			
Sign	ature: Inda Supodo			
	(By a director, president or other officer/ if directors or officers have not been selected, in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	y an incorpo	rator -	if
	LINDA TRIPASO (Typed or printed name of person signing)	_		
	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. SWIM N' STUFF CORPORATION Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. 6/26/6 Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Signature of the Person Filing

Printed Name of the Person Filing