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SECRETARY OF STATEOUS OF FEB -8 AM 8: 08

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of A Corporation
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Willoughby (Name of Contact Person)
Bobby's Texturing, Inc. (Firm/Company)
7059 Westwind Greet
Weeki Wachae FL 341607 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\sum \$\s
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:				
	Bobby's Texturing Inc.				
SECOND:	The document number of the corporation (if known): \$\frac{905000993}{2}\$				
THIRD:	The date dissolution was authorized: 12 31 Olo				
	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				
					(voting group)
\$	Signature: (By a director, president or other officer of 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) (Typed or printed name of person signing)				
	President (Title of person signing)				

Filing Fee: \$35