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SECRETARY OF STATE
BIVISION OF CORPORATIONS

Office Use Only

Ps 20/2/06 Diss/notee

COVER LETTER

TO: Amendment Section

| Division of Corporations | | | |
|---|--|--|--|
| subject: Corporate Dissolu | tion | | |
| DOCUMENT NUMBER: PØ5ØØØ994 | 104 | | |
| The enclosed Articles of Dissolution and fee are submit | ted for filing. | | |
| Please return all correspondence concerning this matter t | o the following: | | |
| Don Benson (Name of Contact Person | , | | |
| Lynnes Loft Inc. (Firm/Company) | | | |
| | | | |
| 1590 Lakefield Nor- (Address) | th Ct. | | |
| Wellington FL (City/State and Zip Co | | | |
| For further information concerning this matter, please ca | II : | | |
| · · · · · · · · · · · · · · · · · · · | rea Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | | |
| \$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$ | Copy 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 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

| of dissolutio | on: | PECTIVE DATE | |
|---------------|--|-------------------|--|
| FIRST: | The name of the corporation as currently filed with the Florida Department | of State: | |
| • | Lynne's Loft, Inc. | | |
| SECOND: | The document number of the corporation (if known): PP5 pp69 9404 | | |
| THIRD: | The date dissolution was authorized: 5-11-06 | | |
| | Effective date of dissolution if applicable: 8-01-06 (no more than 90 days after dissolution) | on file date) | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval. | t for dissolution | |
| | Dissolution was approved by the shareholders through voting groups. | | |
| | The following statement must be separately provided for each voting group to vote separately on the plan to dissolve: | entitled | |
| | The number of votes cast for dissolution was sufficient for approval by | SECRETARY OF COR | |
| | (voting group) | S CONTE | |
| ; | 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) | AIO: 19 | |
| | (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. Lynnes Loft Inc. 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. Description of information that must be included in a claim: Date, transaction id, description, 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.