P05000104201

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SECRETARY OF STATE OIVISION OF CORPORATIONS

AAD 155 10,2/01/08

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: DISSOlve Compon				
DOCUMENT NUMBER: P 05000 1042	01			
The enclosed Articles of Dissolution and fee are submitted for filing				
Please return all correspondence concerning this matter to the following	ng:			
Donna Shuman				
(Name of Contact Person)				
Executive Resource Team, inc				
(Firm/Company)				
2272 Red Ember (Address) OVIEDO FL 3276	Rd			
(Address)				
Oviedo FL 3276	5			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Donna Shuman at (407) (Area Code &	779037 Daytime Telephone Number)			
	2 4.)			
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\times \text{\$\frac{1}{2}\$}\$43.75 Filing Fee \$\times \text{\$\frac{1}{2}\$}\$Certificate of Status \$\text{Certified Copy}\$ (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)			
	ET ADDRESS:			
	dment Section on of Corporations			
•	on of Corporations n Building			
	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:		
	Executive Resource Term, in.		
SECOND:	The document number of the corporation (if known): Po5000104201		
THIRD:			
	Effective date of dissolution if applicable: 1/19/08 (no more than 90 days after dissolution fi	le date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	itled	
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)	SECRETAR DIVISION OF	
\$	Signature: (By a director, president of other officer - if directors or officers have not been selected, by	REPORATION TO THE STATE OF STA	
	Donna Shuman (Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35