P05000127865

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
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ECRETARY OF STAT

FILED

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOLUTION OF	F CORPORATION	
DOCUMENT NUMBER: P0500013	7865	
The enclosed Articles of Dissolution and fee are s	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
CAROLYN R. BROWN (Name of Contact	t Person)	
(Firm/Company)		
16950 SE 1154 AVENUE		
16950 SE 115th Ave. (Address) WEIRSDALE, FLA. (City/State and	<u> </u>	
For further information concerning this matter, ple		
CAROLYN R. BROWN a (Name of Contact Person)	t (352) 427-4199 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status Cert (Add	2.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)	
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

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SECRETARY OF TALLAH TARRY OF TALLAH TARRY OF DISSOLUTION

Of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	HURRICANE TRACTOR SERVICE, INC.		
SECOND:	The document number of the corporation (if known): P05000127865		
THIRD:	The date dissolution was authorized:		
	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 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)		
	Carolyn R. BROWN		
	(Typed or printed name of person signing)		
	TRESIDENT OWNER		
	(Title of person signing)		

Filing Fee: \$35