## P0500129369

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ECRETARY OF STATE
LLAHASSEE, FLORIDA

Jess Delika

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: Closing business
DOCUMENT NUMBER: P05000129369
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Benjamin Kaleky (Name of Contact Person)
Hble Hearing Assoc. (Firm/Company)
2557 US NWY 27
Sebling FL 33872 (City/State and Zip Code)
For further information concerning this matter, please call:
Benjamin Valety at (803) 33-1518 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \$\Bigcup \$43.75 Filing Fee & \$\Bigcup \$52.50 Filing Fee, \$\Bigcup \$
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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Able Hearing Associates Inc.	
SECOND:	The document number of the corporation (if known): P0500189369	
THIRD:	The file date of the articles of incorporation:	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	ature:  (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.)	r ILED
	Benjamin Kaleky (Typed or printed name of person signing)	
	(Title of Person Signing)	

Filing Fee: \$35