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SILL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISSOLUTION OF SOUTHLINE EXPRESS INC.		
DOCUMENT NUMBER: P05000138092		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ROBIN R COSTIN		
(Name of Contact Person)		
SOUTHLINE EXPRESS INC.		
(Firm/Company)		
1040 GRIZZLY CT		
(Address)		
APOPKA, FL, 32712		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
ROBIN R COSTIN at (_954) 232-8398		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) 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

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:			
	SOUTHLINE EXPRESS INC.			
SECOND:	The document number of the corporation (if known): P05000138092			
THIRD:	The date dissolution was authorized: 12-31-2011			
	Effective date of dissolution if applicable: 12-31-2011 (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 to was sufficient for approval.	for diss	olution	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)			
	Signature:	12 FEB -8	SECRETARY DIVISION OF CO	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of receiver, trustee, or other court appointed fiduciary, by that fiduciary)	PH 12: 37	OF STATE REPORATIONS	
	ROBIN R COSTIN		• •	
	(Typed or printed name of person signing)			
	OWNER-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.

Name of Corporat	ion: SOUTHLINE EXPRESS INC.
	a will be the date the dissolution is filed with the Department of State or as eticles of Dissolution.
Description of info	ormation that must be included in a claim:
NAME OF T	HE INSTITUTION
NAME OF T	HE ORIGINAL LOAN ISSUER
ORIGINAL L	OAN NUMBER
DATE OF T	HE ORIGINAL LOAN
ORIGINAL L	OAN AMOUNT
	here claims can be sent: (Claims cannot be sent to the Division of Corporations) 040 GRIZZLY CT
<u>A</u>	POPKA, FL, 32712
	e above named corporation will be barred unless a proceeding to enforce the claim is commenced the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

ROBIN R COSTIN

Printed Name of the Person Filing