## PO 5000144385

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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TO: Amendment Section

Division of Corporations	
SUBJECT: Rob Lavarnway Alvin	inum Specialista, Inc.
DOCUMENT NUMBER: <u>P05000144285</u>	
The enclosed Articles of Dissolution and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Name of Contact Person)	
(Ivaine of Contact Ferson,	, ,
Shinner Accounting Services, (Firm/Company)	/n/.
1255 Providence Blvd (Address)	
(Address)	30 St. 18
Dolfana FL 32725 (City/State and Zip Code	
	e)
For further information concerning this matter, please call:	
, , , , , , , , , , , , , , , , , , ,	
Melissa /vers at (360	574-6444
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee \$\sum \$\\$43.75 Filing Fee & \$\sum \$\\$43.75 Filing Certificate of Status Certified Copy (Additional control enclosed)	py Certificate of Status & Certified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	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:		
	Rob Lavarnway Alverson Specialist, Inc.		
SECOND:	The document number of the corporation (if known): Paso 144385		
THIRD:	The date dissolution was authorized: 7/27/01		
	Effective date of dissolution if applicable: 1/27/01 (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		
	TAL SI		
	(voting group)  AHASSET		
	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)		
	Robbit Lavarnway  (Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35