05000153933

(Req	juestor's Name)	
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(Doc	ument Number)	
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03/07/11-01029-019-**35.00



MAR 0 8 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Notice of Corporate	Dissolution
DOCUMENT NUMBER: P0500015	53933
The enclosed Articles of Dissolution and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Shannon L W	
(Name of Cont	act Person)
Nelco Services J	mpany)
32 Valencia	Drive
Doynton buch, (City/State and	Florida 33436
For further information concerning this matter,	please call:
(Name of Contact Person)	at (56) 136-4324 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C	43.75 Filing Fee & S52.50 Filing Fee, ertified Copy 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 607.1401, 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:
SECOND:	The document number of the corporation (if known): P05000 153933
THIRD:	The file date of the articles of incorporation: 112105
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.
	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.
Signa	(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.)
	Shankon L Well (Typed or printed name of person signing)
	Title of Person Signing)

Filing Fee: \$35