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SECRETARY OF STATE
ALLAHASSEE FI COMP.



COVER LETTER

Division of Corporations SUBJECT: DISSOLUTION PROFIT CORP. DOCUMENT NUMBER: POSODO/56329 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OM K. FAIA (Name of Contact Person)			
The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TOM K. TAMA Property Pr			
The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TONY K. FB/B (Name of Contact Person)			
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Name of Contact Person) NANNY'S C/EAN/NG SERVICES /NC. (Firm/Company) 2775 /OTH NVE NORTH APIH /08 (Address) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number)			
MANNY'S C/EMING SERVICES /NC- (Firm/Company) 2775 /0TH NVE NORTH AP/H /08 (Address) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number)			
MANNY'S C/EMING SERVICES /NC- (Firm/Company) 2775 /0TH NVE NORTH AP/H /08 (Address) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number)			
2775 10TH NVE NORTH AP/H 108 (Address) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number)			
2775 10TH NVE NORTH AP 14 108 (Address) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Address) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Address) (City/State and Zip Code) (Area Code & Daytime Telephone Number)			
For further information concerning this matter, please call: Sold S			
(City/State and Zip Code) For further information concerning this matter, please call: Total Sold S			
10NY K. FNIN at (561) 502-5687 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
Enclosed is a circle for the following amount.			
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS: STREET ADDRESS:			
Amendment Section Amendment Section			
Division of Corporations Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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	ent of S	tate:	
	NAMMY'S CLERNING SCRVICE	<u> </u>	WC	~ **
SECOND:	The document number of the corporation (if known): 20500	<u>n/5</u>	63	2
THIRD:	The file date the articles of incorporation: $1/28/05$			
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 ditto the shareholders, if shares were issued.	istribute	:d	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	=		
	A majority of the incorporators authorized the dissolution.	SECRET ALL AH	06 APR	П
	A majority of the directors authorized the dissolution.	ARY O	20	
	2112	F STATE	PH 2: 30	J
Sign	ature:			
_	(By a director, present of other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorpo	rator -	if
	TONY KENNETH FALLA			
	(Typed or printed name of person signing)			
	- DIKECIOR			
	(Title of Person Signing)			

Filing Fee: \$35