

PO6000002989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000090550050

03/09/07--01017--012 \*\*52.50

FILED  
07 MAR -9 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Defer*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of DLR Solutions, Inc.

**DOCUMENT NUMBER:** PD6000002989

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Rice  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

411 Walnut Street #3971  
(Address)

Green Cove Springs, FL 32043  
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Rice at (239) 248-0193  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☒ \$52.50 Filing Fee, 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:

DLR Solutions, Inc.

SECOND: The document number of the corporation (if known): PD6000002989

THIRD: The date dissolution was authorized: 2/28/07

Effective date of dissolution if applicable: 2/28/07  
(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

\_\_\_\_\_  
(voting group)

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, that fiduciary)

Laura Rice

(Typed or printed name of person signing)

Vice - President ; Director

(Title of person signing)

Filing Fee: \$35

FILED  
07 MAR -9 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA