P06000004771

(Requestor's Name)
(Address)
,
(Address)
(/(88/855)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(2)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200118099672

02/15/08--01006--003 **35.00

PILED

08 FEB IS PM 3: 44

95 CRETARY OF STATE

(4)

CÖVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: JOHN MUL,	TI INVESTMENT CORPORATION
DOCUMENT NUMBER: Pogo	0000477/
The enclosed Articles of Dissolution and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
GEOVANNY SEPUL (Name of C	Contact Person)
Anall Business Loan & (Firm	
6220 Jouth Orange B	losson Trail Suite 195 dress)
Orlando, Flori (City/State	Aa 32809 e and Zip Code)
For further information concerning this matt	
Georgiany Sepulseda (Name of Contact Person)	at (<u>407</u>) <u>666-9590</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	ıt:
\$35 Filing Fee \$43.75 Filing Fee & [Certificate of Status	\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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:	
	JOHN MULTIINVESTHENT COR	φ .	
SECOND:		4771	
THIRD:	The date dissolution was authorized: \(\times_1/08/2009\)	<u>.</u>	·
	The date dissolution was authorized: Effective date of dissolution if applicable: (no more than 90 days after dissolution)	n file date)	
FOURTH:			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for disso	lutior
	Dissolution was approved by the shareholders through voting groups.	A	
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve: The number of votes cost for dissolution was sufficient for approval by	Amiled S	T I I I
	The number of votes cast for dissolution was sufficient for approval by	PH 3: 44 F STATE FE. FLORID	
	(voting group)	2m 4 7	•
	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) (Typed or printed name of person signing)		
	(Title of person signing)		

Filing Fee: \$35