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ADR 3/16/10

X00789,06342,00671

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolverion of Corporation
DOCUMENT NUMBER: P0600013574
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
EZ HIORAICONE PROTECTION INC. (Firm/Company)
6469 Tooda Live
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (94) 5p7 - 4444 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 21, 2010

Bruce Custons 6469 Taeda Drive Sarasota, FL 34241

SUBJECT: EZ HURRICANE PROTECTION, INC.

Ref. Number: P06000013574

We have received your document for EZ HURRICANE PROTECTION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 210A00001705

ARTICLES OF DISSOLUTION Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation Stokes of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: The document number of the corporation (if known): PO6 0000/3 SECOND: The date dissolution was authorized: _ THIRD: Effective date of dissolution if applicable: 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, by that fiduciary) Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)