P06000014555

| (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: |
| Special instructions to Filling Officer. |
| i |
| |
| |
| |
| |
| |

Office Use Only



300080805483

Voldis Nurs

10/19/06--01013--007 **43.75

FILED

06 OCT 20 PN 3: 51

SECRETARY OF STATE
AND ANALYSSEE, FLORIDA

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: DI J SO LOTTON |
| DOCUMENT NUMBER: |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| ANGELICA GRAB |
| . (Name of Contact Person) |
| GRAB STONE IMPORTS, INC. (Firm/Company) |
| (Firm/Company) |
| . 1304 ADAMS ST (Address) |
| (Address) |
| HOLL YWOOD FC 33019 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| AUGECICA at (954) 347-08/6 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| , |
| \$35 Filing Fee \$\sum_{\text{S43.75}} \text{Filing Fee & } \sum_{\text{S43.75}} \text{Filing Fee & } \sum_{\text{S52.50}} \text{Filing Fee,} \\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(Additional copy is enclosed)} \text{(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 Division of Corporations 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:

| _ |
|--------|
| , |
| , 3 |
| 7 20 |
| PH C |
| ن |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Filing Fee: \$35