

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070000172573)))



H070000172573ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

" Fax Number : (850)205-0380

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

Phone : (305)552-59/3
Fax Number : (305)220-1440

: (305)220-1440

DISSOLUTION OR WITHDRAWAL

L & O TITLE SERVICES, INC.

	AH 8: 00	ISION OF CRAPETATION
REGENTED A	91 NAU 70	N ISTON OF CE

Certificate of Status	0
Certified Copy	0
Page Count	ಂಒ
Estimated Charge	\$35,00

Electronic Filing Menu

Corporate Filing Menu

Help

. ROM :LAZARUS FAX NO. :3052201440

H07000017257

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:		
	L& OTITLE Services INC.		
SECOND:	The document number of the corporation (if known): Poboooo16598		
THIRD:	The date dissolution was authorized: January 194 2007		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the sharoholders. 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 the same incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	Maida LLAGUNO		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35