P06000019094

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT.	MAIL
(Bu	isiness Entity Nar	пе)
(Do	ocument Number)	
Certified Copies		
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: Dissolution of Corporation - Southeast Storage Solutions, Inc. DOCUMENT NUMBER: P06000019094 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew D Baucom (Name of Contact Person) Southeast Storage Solutions, Inc. (Firm/Company) 3532 NW 71st Ave. (Address) High Springs, FL 32643 (City/State and Zip Code) For further information concerning this matter, please call: at (_ 386 Matthew Baucom (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 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:
	Southeast Storage Solutions, Inc.
SECOND:	The document number of the corporation (if known): P06000019094
THIRD:	The date dissolution was authorized: 01/01/10
	Effective date of dissolution <u>if applicable</u> : 01/01/10 (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, by that fiduciary)
	Matthew D Baucom
	(Typed or printed name of person signing)
	President, Owner
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation	Southeast Storage Solutions, Inc.
Date of dissolution v specified in the <i>Artic</i>	will be the date the dissolution is filed with the Department of State or as cles of Dissolution.
Description of inform	nation that must be included in a claim:
Southeast Sto	orage Solutions, Inc. to be dissolved due to the economy
and lack of bu	usiness opportunity.
Mailing address who	ere claims can be sent: (Claims cannot be sent to the Division of Corporations)
35	32 NE 71st Ave.
Hiç	gh Springs, FL 32643
A status a standat	
	above named corporation will be barred unless a proceeding to enforce the claim is commenced be filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Matthew D Baucom

Printed Name of the Person Filing