Po6000022747

(Ře	equestor's Name)	
(Ad	idress)	
(Δα	ldress)	
(10	uress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
	-	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Opecial institutions to	Timing Officer.	
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Office Use Only



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LICAL TARY OF STATE
AND ANASSEE, FLORIDA

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COVER LETTER

Division of Corporations		
SUBJECT: Dissolution of B	usin ess	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	following:	
JACKIE TRENT (Name of Contact Person)		
(Name of Contact Person)		
(Firm/Company)		
1491 South US 17		
(Address)		
1491 South US 17 (Address) Green Cove Springs Fl (City/State and Zip Code)	32043	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (386)	325-8384	
	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & Certified Copy (Additional copy enclosed)	Certificate of Status &	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

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Pursuant to	section 607.1403, Florida Statutes, this Florida profit corporation submits the following pri
of dissolutio	TALLAHASSEE,
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
SECOND:	The document number of the corporation (if known): PO6000022747
ΓHIRD:	The date dissolution was authorized:
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)
OURTH:	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 of 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)
S	Gignature: (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)
	TACKI'R TREWT (Typed or printed name of person signing)
	Jackie Grent
•	(Title of person signing)

Filing Fee: \$35