

POdxxx48658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

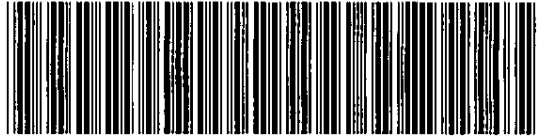
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dis/Inactive
[Signature]

Gary R. Leibensperger, E.A.
2627 W. Broadway Avenue; #31
Anaheim, CA. 92804

February 25, 2009

State of Florida
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Dear Sirs/Ladies:

I am enclosing this letter requesting my telephone number, return address, and certification information for filing "Articles of Dissolution" to dissolve a "Florida Profit Corporation".

If you have any questions, please call me at (714) 585-4190.

Thank you.

Sincerely,

Gary R. Leibensperger, E.A.
Gary R. Leibensperger, E.A.
Enrolled Agent
2007-43451
Expiration Date 03-31-2010.

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

EILENE MEREDITH ENTERPRISES, INC.

SECOND: The document number of the corporation (if known): P06000048658

THIRD: The file date of the articles of incorporation: 04/06/06

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature:

Eilene Meredith Leibensperger

(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.)

EILENE MEREDITH LEIBENSPERGER

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA