P06000048983

(Req	uestor's Name)	,
(Add	ress)	
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(City.	/State/Zip/Phone	e #)
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SECRETARY OF STATE

STATE OF STA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: No Longer active
DOCUMENT NUMBER: <u>P06000048983</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Winston Williams (Name of Contact Person)
RC Cleaning Service 1, iNC (Firm/Company)
(Firm/Company)
and NW Doth Place (Address)
(Address)
Swirise Fl 33322 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (754) 246 - 3109 (Area Codé & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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:		
	RC Cleaning Service LINC		
SECOND:	The document number of the corporation (if known): P06000048983		
THIRD:	The date dissolution was authorized: 4-Q8-06'		
	Effective date of dissolution if applicable: 4-28-06 (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		
	OFFicer Director (voting group) OFFicer Director (voting group) OFFicer Director OFFICER Director OFFICER Director		
	I STATE ORIDA		
	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)		
ş	(Typed or printed name of person signing)		
	President (Title of newor signing)		

Filing Fee: \$35