P06000051174

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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. COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: THE THOMAS ADAMS GROUP, INC.		
SOBJECT:		
DOCUMENT NUMBER: P06000051174		
The enclosed Articles of Dissolution and fee are submitted to	for filing.	
Please return all correspondence concerning this matter to the	e following:	
THOMAS ADAMS		
(Name of Contact Person)		
(Firm/Company)		
1200 EDINGTON PLACE, #A101	i de la companya de l	
(Address)		
MARCO ISLAND, FL 34145		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
	248-6277	
(Name of Contact Person) (Area	Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
S35 Filing Fee \$\bigcup \$43.75 Filing Fee & \$\bigcup \$43.75 Filing Certified Copy (Additional copenclosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRÉSS: Amendment Section Division of Corporations 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:
	THE THOMAS ADAMS GROUP, INC.
SECOND:	The document number of the corporation (if known): P06000051174
THIRD:	The date dissolution was authorized: 03/30/2007
	Effective date of dissolution if applicable: 03/30/2007 (no more than 90 days after dissolution illerdate)
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
	All Shareholders
	(voting group)
	Signature: Thonks Holans
	(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)
	THOMAS ADAMS
	(Typed or printed name of person signing)
	PRESIDENT
	(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: THE THOMAS ADAMS GROUP, INC. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: A notarized copy of an originally signed contract made by an authorized signatory for the company. All payment history Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) THE THOMAS ADAMS GROUP, INC. 1200 EDINGTON PLACE, #A101 MARCO ISLAND, FL 34145 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. THOMAS ADAMS Printed Name of the Person Filing