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SECRETARY OF STATE OF STATE OF CORPORATION

Shaldo

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF WORPURDTION
P06000051840
The enclosed Articles of Dissolution and fee are submitted for filing.
·
Please return all correspondence concerning this matter to the following:
LARRY SNYDER
(Name of Contact Person)
PO BOX 670608
CORAL SPRINGS FL 33067
(City/State and Zip Code)
For further information concerning this matter, please call:
WRRY SNYDER at (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

	ARTICLES OF DISSOLUTION	
Pursuant to articles of d	section 607.1401, Florida Statutes, this Florida profit corporation submits the following sissolution:	
FIRST:	The name of the corporation as currently filed with the Florida Department of State: RN OCGANIZATION INC	
SECOND: THIRD:	The document number of the corporation (if known): P060000 S1840 The file date of the articles of incorporation: U1106	
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: (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.)	
	(Typed or printed name of person signing)	
	PIES DENT	
	(Title of Person Signing)	

Filing Fee: \$35