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SECRETARY OF STATE



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VACIL AND UILL NURSERY AND GARDEN CONTER, IN
DOCUMENT NUMBER: P060000 72654
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
U)m Mennia
(Name of Contact Person)
(Firm/Company)
18111 Heron WALLDRIVE (Address)
(Address)
TAMPA, PL. 33647
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (813) 973-0449 (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 Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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	:		
	UACIL AND ULL NURSERY AND GARDEN CENTE	:N, 1	NC.	
SECOND:	The document number of the corporation (if known): PO60000726	54		
THIRD:	The file date of the articles of incorporation:			
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.			٠
SEVENTH:		7.35 1.36 1.36 1.36 1.36 1.36 1.36 1.36 1.36	10	
	A majority of the incorporators authorized the dissolution.	RETAI	10 MAY -L	
	A majority of the directors authorized the dissolution.	URETARY OF STATE LAHASSEE, FLORIDA	The PMD: It	5
Sign	ature: (By a director, president or officer - if directors or officers have not been selected, by an incorporator	- r - if		
	in the hands of a receiver trustee, or other court appointed fiduciary, by that fiduciary.)			
	(Typed or printed name of person signing)			
	President			
	(Title of Person Signing)			

Filing Fee: \$35