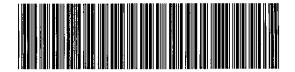
## ° P06000072742

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200210145092

07/22/11--01009--009 \*\*35.00



## **COVER LETTER**

Division of Corporations
SUBJECT: DIGGOLUTION OF CORPORATION
DOCUMENT NUMBER: <u>PO V 000072742</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
<u>luterior</u> buss
392 S. Ridgewood Ave
(Address)  What Black, # 32174  (City/State and Zip Code)
For further information concerning this matter, please call:
Samuella Vuzuucz at (380) 570 - 7000 (Area Code & 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:  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
I HAVE MOVED FROM 959 LUWA BELLA LANE, NEW SMYNA BCH, FL TO DEMOND BEACH. I HAVE NOT CONDUCTED BUSINESS THIS YEAR AND I'M NOT SURE IF I HAVE FILLED THIS OUT CORRECTLY. PLEASE

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department	of State:
The document number of the corporation (if known): 1000007	2742
The date dissolution was authorized: 7. [8. 20]	
Effective date of dissolution <u>if applicable</u> : 7.18.201 (no more than 90 days after dissolution)	ff file date)
Adoption of Dissolution (CHECK ONE)	TĂE
Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	fordissolution 2
Dissolution was approved by the shareholders through voting groups.	PAR PAR
The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	ediffed 55
The number of votes cast for dissolution was sufficient for approval by	
1 OWN AU SHARB - ONLY ONE GROUP	
Signature:  (By a director president of other officer - if directors or officers have not been selected, by an incorporate) - if in the halds of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
SAMANTHA VAZQUEZ (Typed or printed name of person signing)	
President	
•	The date dissolution was authorized: 7.18.201  Effective date of dissolution if applicable: 7.18.201  Adoption of Dissolution (CHECK ONE)  Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.  Dissolution was approved by the shareholders through voting groups.  The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:  The number of votes cast for dissolution was sufficient for approval by  (voting group)  Signature: (By a director/president of the receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Filing Fee: \$35