## P06000073309

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
☐ PICK-UP ☐ WAIT ☐ MAIL	
(Business Entity Name)	- M-
(,,,	
(Document Number) :	
Certified Copies Certificates of Status 2 10 10 10 10 10 10 10 10 10 10 10 10 10	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	

Office Use Only



300157834313

06/29/09--01011--009 \*\*35.00

M

ทางกลุ่มมาตา และกลับสาสัตล

09 JUN 29 PM 4: 16

ATE

## **COVER LETTER**

Division of Corporations				
SUBJECT: CORPORATION DISSOLUTION				
DOCUMENT NUMBER: P0600073309				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
TIM MCWILLIAMS				
(Name of Contact Person)				
(Firm/Company)				
8921 NW 78th NA WOLT 6				
8921 NW Z8th DR, UNIT C (Address)				
CORAL SIRINGS PL 33065 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
TIM McWIWIAMS at (954) 552 2792  (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)  Certificate of Status & Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the foon:	llowing articles
FIRST:	The name of the corporation as currently filed with the Florida Department of	of State:
	T McWILLIAMS INCOPPORAted	
SECOND:	The document number of the corporation (if known): P060000733	09
THIRD:	The date dissolution was authorized: 6/10/09	
	Effective date of dissolution if applicable: /// oq (no more than 90 days after dissolution	n file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	entitled
	The number of votes cast for dissolution was sufficient for approval by	SECRETARY OF STATI
	(voting group)	PH 4: 16
	Signature: Am Mwlham	
	(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)	
	TIM McW(LLIAMS (Typed or printed name of person signing)	
	PRES	
	(Title of person signing)	

Filing Fee: \$35