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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of corporation
DOCUMENT NUMBER: P6000114096
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Polisono (Name of Contact Person) Secure Guard Films Inc.
(Firm/Company)
10426 US Huy N. 7.
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 457 - 1291 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Striling Fee \$\bigcup \\$43.75 \text{ Filing Fee & }\bigcup \\$43.75 \text{ Filing Fee & }\bigcup \\$52.50 \text{ Filing Fee, }\bigcup \bigcup \b
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 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:
	Secure Guard Films Inc
SECOND:	The document number of the corporation (if known): Po600114096
THIRD:	The file date of the articles of incorporation: $9/5/06$
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.
	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.
Signa	(By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receive, trustee, or other court appointed fiduciary, by that fiduciary.)
	OSeph Poliseno (Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35