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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COKP DIS	sso/ution.		
DOCUMENT NUMBER:	ere submitted for filling.		
Please return all correspondence concerning to	this matter to the following:		
(Name of Co	10-10-15		
·	notact Person)		
(Firm/	Company)		
STC ONTH			
Sc if it is the City State	**************************************		
For further information concerning this matter, please call:			
Toscot mintere	at (578) 374-0000 (Area Code & Daytime Telephone Number)		
(Name of Contact Person). Enclosed is a check for the following amount:			
	S43.75 Filing Fee & S22.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STRUCT ADDRESS: Amendment Section Division of Corporations Clifton Building		
Tallabassee FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32304

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Florida Department	
SECOND:	The document number of the corporation (if knows): 4-14-10-14	
SECOND.		
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: 30 % 200 8	3 (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 of to vote separately on the plan to dissolve:	miiled
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	S
		30 8
	Signature x lte milla	JIM 23 PM (
<i>i</i> ÷	(Dy a director, president or other officers of directors or officers have not been selected, by an incorporator of in the launds of a secondar, treator, or other occurs appointed fictorize, by	
	that fichiciary)	M S + 48
	STEPHEN M. DICKUR	Ö
	(Typod or printed name of posson signing)	
	Sec.	
	(Title of course accuse)	

Filling Fee: \$35