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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution Of Kim M	lichael Stumpe, PA	
DOCUMENT NUMBER: P060001	35941	
The enclosed Articles of Dissolution and	I fee are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Kim Michael Stumpe		
(Name o	of Contact Person)	
Kim Michael Stumpe, PA		
(Fi	irm/Company)	
499 Jewel Court		
((Address)	
Belleair Bluffs, FL 33770		
(City/S	State and Zip Code)	
For further information concerning this m	natter, please call:	
Kim Michael Stumpe	at (850) 377-4916	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee FI 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to articles of di	section 607.1401, Florida Statutes, this Florida profit corporation submits the following issolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State?
	Kim Michael Stumpe, PA
SECOND:	The document number of the corporation (if known): P06000135941
THIRD:	The file date of the articles of incorporation: 10/26/2006
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.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: KNuhm Stum 12. (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.)
	Kim Michael Stumpe
	(Typed or printed name of person signing)
	President
	(Title of Person Signing)

Filing Fee: \$35