P06000145248

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SECRETARY OF STATE AH ASSEE, FLORID

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COVER LETTER

Amendment Section Division of Corporations				
SUBJECT: DISSOLUTION OF B	OLLING HEIGHTS CORP			
DOCUMENT NUMBER: 706000145248				
The enclosed Articles of Dissolution and fee are su	omitted for filing.			
Please return all correspondence concerning this ma	ter to the following:			
ROSHAN KHAN				
(Name of Contact I	'erson)			
(Firm/Compa	ny)			
107-56,76th STREET	a Majarda jaron . Notas a North			
(Address)				
OZONE PARIC NY 11417				
(City/State and Zi	p Code)			
For further information concerning this matter, pleas	e call:			
ROSHAN KHAN at (917) 294-2038 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
□\$35 Filing Fee ■\$43.75 Filing Fee & □\$43.7 Certificate of Status Certifi	ed Copy Certificate of Status & Certified Copy			
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			

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 Departme	ent of State	e:	
	BOLLING HEIGHTS CORP			
SECOND:	The document number of the corporation (if known): P06000 14	<u>5248</u>		
THIRD:	The file date of the articles of incorporation: $11-17-2006$			
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 dito the shareholders, if shares were issued.	istributed		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	SECI FALL/	180	
	A majority of the incorporators authorized the dissolution.	RE TA AHAS	MAR -5	
	A majority of the directors authorized the dissolution.	RY O	5 P	
Sign	ature:	CRETARY OF STATE LAHASSEE. FLORIDA		Ö
	(By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorporate	or - if	
	(Typed or printed name of person signing)			
	PRESIDENT (Title of Person Signing)			

Filing Fee: \$35