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ALL AHASSEE, FLORID

C.COULLIETTE

MAY 1 2 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLVE a C	peparation
DOCUMENT NUMBER: POTOC	00013890
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning to	nis matter to the following:
KRISTY STA	NTON
	ntact Person)
Endless Poo	Ols + Spas, Lnc. Company) Dr. Deltova Fi 32738 ress)
3061 Newmark	Dr. Deltopa Fi 32738
(Add	ress)
(City/State	and Zip Code)
For further information concerning this matter	r, please call:
(Name of Contact Person)	at (407) 448-21085 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	3\$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$\text{Certified Copy} (Additional copy is enclosed)}
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 607.1403, 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:		
	Endless pools + Spas, Inc.		
SECOND:	The document number of the corporation (if known): P0700013890		
THIRD:	The date dissolution was authorized: 4/28/09		
	Effective date of dissolution if applicable: 4 28 09 (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
	Signature: (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)		
	(Typed or printed name of person signing)		
	POESI DENT (Title of person signing)		

Filing Fee: \$35