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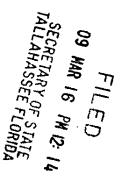
(Re	equestor's Name)	
(A d	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	·)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: <u>P07000023703</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wanda M. Abondand, Spause (Name of Contact Person)
La Casita Compelling Services Inc (Firm/Company) 9115 HASTINGS Bench Burd
(Address) (City/State and Zip Code)
For further information concerning this matter, please call: WANDA MABONDANCEU 407-334-701 at 321 251-7355
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, \$\bigcup \\$Certificate of Status & \$\bigcup \\$Additional copy is enclosed)\$ Certificate of Status & \$\bigcup \\$Certified Copy & \$\bigcup \\$Certified Copy & \$\bigcup \\$Additional copy is enclosed)\$
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 607.1403, 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:
	LACASION COUNSPUNG-SONVICES INC
SECOND:	The document number of the corporation (if known): PO700033703
THIRD:	The date dissolution was authorized: Der31, 2008
	Effective date of dissolution if applicable: Dec 31 200 9 (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: Wanda H. Abandant Wife for Luis M. Rivera (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)
	WANDAM ABONDINO (Typed or printed name of person signing)
	Tresident died 1/7/09
	TES & M
	Filing Fee: \$35