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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	; #)
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

Diss.

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOIVE A FLORIDA PROF	IT CORPORATION
DOCUMENT NUMBER: <u>P07000046892</u>	
The enclosed Articles of Dissolution and fee are submitted for fil	ing.
Please return all correspondence concerning this matter to the following	owing:
DONALD R BATES (Name of Contact Person)	
(Name of Contact Person)	
MYAKKAHATCHEE ESTATES, INC. (Firm/Company)	2.
(Firm/Company)	
4054 TROPIDATE BLUD	
NORTH PORT FL 34286 (City/State and Zip Code)	
NORTH PORT FL 34286	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
DONALD R. BATES at (941) & (Name of Contact Person) (Area Code	429-9388
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	REET ADDRESS:
	endment Section vision of Corporations
•	fton Building
	1 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 Department of State:
	MYAKKAHATCHEE ESTATES INC.
SECOND:	The document number of the corporation (if known): P070000 46892
THIRD:	The file date of the articles of incorporation: APRIL 16, 2007
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	(By dudector, president or other ordicer - if directors or officers have not been selected, by an incorporator - if in the lands of a recover, trustector other court appointed fiduciary, by that fiduciary.) DONALD R BATES (Typed or printed name of person signing)
	PRESIDENT (Title of Person Signing)

Filing Fee: \$35