P07000048008

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Operation to Elizabeth Control
Special Instructions to Filing Officer:

Office Use Only



000186205340

10/18/10--01010--007 **35.00





3 Roberts OCT 1/8 2010;

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLUTION	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Tomi Bul	Uock_
(Name of C	Contact Person)
(Firm	/Company)
4618 9	Pale Falls PL
(Ad	dress
Tampa	Eggle Falls PL dress) FL 33418
	e and Zip Code)
For further information concerning this matt	er, please call:
(Name of Contact Person)	at (<u>813</u>) <u>917 - 2175</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	nt:
\$35 Filing Fee \$43.75 Filing Fee & [Certificate of Status	\$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$\$\$(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:
	Xpertt's Inc.
SECOND:	The document number of the corporation (if known): P 57000048008
THIRD:	The date dissolution was authorized: September 1,2010
	Effective date of dissolution if applicable: September 2010 (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
	Shanholders
	(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
	(hat fiduciary)
	(Typed or printed name of person signing)
	officer of
	(Title of person signing)

Filing Fee: \$35