P07000056826

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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03/19/14--01009--013 **35.00

14 MAR 19 PH 2: 24

SECRETARY OF STATE
ALLAPASSEE, FLORIDA

Dissolution

MAR 1 9 2014'
T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations	
SIRIECT. (10Se BUSINESS	
PO70007 56826	
DOCUMENT NUMBER: 7070000000000000000000000000000000000	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robert Wydler	
(Name of Contact Person)	
WYDLACEINC	
(Firm/Company)	
10013 SW 159" AVENUE	
(Address)	
MiAM, FL. 33196	
(City/State and Zip Code)	
For further information concerning this matter, please call: (786) 863 7599 CA	ell
	216
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING 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:
SECOND:	The document number of the corporation (if known): Po 70000	56826
THIRD:	The date dissolution was authorized: $\frac{12/31/13}{}$	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution fi	ile date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	titled
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	TALL 14 M
	Signature:	RETARY OF STA
	(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)	ATE RIDA 24
	(Typed or printed name of person signing)	
	Mesident_	
	(Title of person signing)	

Filing Fee: \$35