P07000070644

. (Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

Vold's Cafe?

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: MRO Innovations, Inc. Dis	ssolution
DOCUMENT NUMBER: P07000070644	
The enclosed Articles of Dissolution and fee are subm	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
David M. Goldman	the state of the s
(Name of Contact Pe	erson)
Wood, Atter & Associates, P.A.	
(Firm/Company	у)
333-1 East Monroe Street	
(Address)	
Jacksonville, FL 32202	
(City/State and Zip	Code)
For further information concerning this matter, please	call:
David M. Goldman at (904) 355-8888
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifie	onal copy is Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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	of State:
	MRO Innovations, Inc. Dissolution	
SECOND:	The document number of the corporation (if known): P0700007064	4
THIRD:	The date dissolution was authorized: 9/14/07	
	Effective date of dissolution <u>if applicable:</u> 9/14/07 (no more than 90 days after dissolution	n file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled DEC
	The number of votes cast for dissolution was sufficient for approval by	RETARY
	(voting group)	OF STATE
	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)	
	Kristyn Lewis	
	(Typed or printed name of person signing)	
	President & CEO	
	(Title of person signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

	orporation: MRO Innovations, Inc.
	solution will be the date the dissolution is filed with the Department of State or as the Articles of Dissolution.
Description	of information that must be included in a claim:
Contac	ct Information including name, company name, phone
numbe	er, facsimilie number, e-mail address, amount, purchase
order r	number (if one exists) or reason for claim.
Mailing add	dress where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	Wood, Atter & Associates, P.A.
	Wood, Attel & Associates, I .A.
	Attn: David Goldman

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Kristyn Lewis

Printed Name of the Person Filing