P070000 73248

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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION
DOCUMENT NUMBER: <u>P07000073248</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBIN L. TREANOR (Name of Contact Person)
CAN YOU DRIPK YOUR POOL WATER, INC.
14717 11th TERRACE (Address)
LOXAHATCHEE GROVES, PL 3347 CT
For further information concerning this matter, please call:
ROBIN TREAMOR at (56) 18-6752 (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, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certified Copy (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 607.1401, 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	ent of State:	
	CAN YOU DRINK YOUR POOL WATER? I	NC.	
SECOND:	The document number of the corporation (if known): P00000	<u>173</u> 248	
THIRD:	The file date of the articles of incorporation:		
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 dito the shareholders, if shares were issued.	Acc 2	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	BO NA ECRE	ياست
	A majority of the incorporators authorized the dissolution.	IARY ASSE	ILL
	A majority of the directors authorized the dissolution.	OO9 MAY -4 PM 2: EGRETARY OF STAT LLAHASSEE, FLORI	IT
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	0A	O
	ROBIN L. TREMOR (Typed or printed name of person signing)		
	PRESIDENT (Title of Person Signing)		

Filing Fee: \$35