P07000127553

(Req	uestor's Name)	
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(Add	ress)	
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(Cit.)	101-1-171-171	- 10
(City/	State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to Fi	ilina Officer	
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Office Use Only



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2008 DEC -8 PH 2: 52
SECRETARY OF STATE

Dissolution

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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: FLORIDA CONCRET LABOR CORP DOCUMENT NUMBER: P07000127553 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FERNANDO MARTINEZ (Name of Contact Person) (Firm/Company) 3006 W ST JOHN ST (Address) TAMPA, FL 33607 (City/State and Zip Code) For further information concerning this matter, please call: FERNANDO MARTINEZ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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:					
	FLORIDA CONCRET LABOR CORP					
SECOND:	The document number of the corporation (if known): P07000127553					
THIRD:	The date dissolution was authorized: 11/26/2008					
	Effective date of dissolution <u>if applicable:</u> 11/26/2008 (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					
	(voting group)					
	SEE P. C					
	PH 2: 5i					
	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)					
	FERNANDO MARTINEZ					
	(Typed or printed name of person signing)					
	PRESIDENT					
	; (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.

Name of Corpo	oration: FLORIDA CONCR	ETE LABOR CO	JRP	
	tion will be the date the dissolution in Articles of Dissolution.	s filed with the Departr	nent of State or as	
Description of	information that must be included in	a claim:		
THIS COF	RPORATION IS NOT AN	D WILL NOT BI	E PROVIDING S	ERVICE
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Mailing address	s where claims can be sent: (Claims	cannot be sent to the Di	ivision of Corporations)	
	3006 W ST JOHN ST. 1	ΓΑΜΡΑ, FL 336	07	
	:			
A claim against within 4 years a	t the above named corporation will bafter the filing of this notice.	e barred unless a proce	eding to enforce the clair	m is commenced
	•		all	, >
FERNANI	OO MARTINEZ	Q		
	Printed Name of the Person Filing		Signature of the Person Fil	ing '