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(Re	questor's Name)	
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COVER LETTER

Division of Corporations	
SUBJECT: CL SHAW ENTE	RPRISE INC.
DOCUMENT NUMBER: <u>P07000 13 45</u>	429
The enclosed Articles of Dissolution and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
(Name of Contact Po	= Louise Shaw erson)
CLSHAW EN	HERDRISES
CL SHAW EN 2231 SW, BROO 305 About	KHAUEN WAY
PAIM (Address) LEKO BENG (City/State and Zip	FL 34990 6 h, FL 32962 Code)
For further information concerning this matter, please	,
(Name of Contact Person) at (703) 629-1252 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifie	Filing Fee & \$\sum \\$52.50 \text{ Filing Fee,} \\ Ed Copy
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 of State:
rikot:	
	CLSHAW ENTERPRISE INC
SECOND:	The document number of the corporation (if known): PO 700013 4429
THIRD:	The file date of the articles of incorporation: $\frac{12}{24/2007}$
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 distributed to the shareholders, if shares were issued.
SEVENTH:	: Adoption of Dissolution (CHECK ONE)
	majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sian	nature: Patana Shaw 20
~.e.	(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.)
	(Typed or printed name of person signing)
	RESIDENT (Title of Person Signing)

Filing Fee: \$35