P08000002690

SUNCOAST Wholesace Company 1181 S. SUMTER BYVD #333 NORTH PORT FL. 34287		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Mm. Diss.

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:
	Suncoast Whoksale AND Company, INC.	
SECOND:	The document number of the corporation (if known): POBODOOD 2190	,
THIRD:	The file date of the articles of incorporation: Away 82 2008	بالمجول الإ
FOURTH:	(CHECK AT LEAST ONE BOX)	SE SE
	None of the corporation's shares have been issued.	DEC -
	The corporation has not commenced business.	SSEE
FIFTH:	No debt of the corporation remains unpaid.	E 51/
SIXTH:	The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.	iteo m
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	nature: (By a director, president or other officer - if directors or officers have not been selected, by an incoming the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	rporator - if
	Meyssa Ustrers (Typed or printed name of person signing)	
	White of Person Signing Pressor	NT

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 Corporation: Suncoast Wholesale HID Company, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
ORIGINAL INVOICE AND SIGNED PURLHAGE OFFICE
SHOWING NAMED REPRESENTATIVE OR CORPORATION
LABLE FOR DEBT.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 18 S. Sumter Blud #333 North Port, Fl. 3/287
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Meussa Masteps Uplications Printed Name of the Person Filing Ligature of the Person Filing