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08/03/11--01005--011 **35.00

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: CLOSURE OF	CORPORATION
DOCUMENT NUMBER: P080 0000 4	1479
The enclosed Articles of Dissolution and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
ROBELT MEYEN. (Name of Contact Per	<u> </u>
(Name of Contact Per	rson)
SENUIN-U, INC (Firm/Company	-
(Firm/Company)
135 SOUTH STORE	5/-
(/	
DELAND FL (City/State and Zip G	32720
(City/State and Zip C	Code)
For further information concerning this matter, please	call:
ROBERT MEYERS at ((Name of Contact Person)	407) 454-355-9
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	nal copy is Certified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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 Stat	te:	
	SFRUIN-U, Inc		
SECOND:	The document number of the corporation (if known): P 080000 4479	7	
THIRD:	The file date of the articles of incorporation: $1 - 14 - 2008$		
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)	<u>_</u>	EV.
	A majority of the incorporators authorized the dissolution.	AUG	SION (
	A majority of the directors authorized the dissolution.	AUG -3 PH 3	ARY OF SI
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporation the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	3: 4.7	ATTORS
	ROBERT L. MEYERS (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.

SERVIN-U ENC Name of Corporation: 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: DESCRIPTION OF INCIDENT DATE OF SERVICE Any STATEMENT AVAILIBLE WITH ALCOUNT Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 135 SOUTH STORE ST 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. KOBERT L. MEYERS

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