## P08000007866

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## **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** 

SUBJECT: L.O. WATER PROTECTION SERVICES INC. DOCUMENT NUMBER: P08000007866 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LERMAR ORTIZ (Name of Contact Person) (Firm/Company) 8027 NW 8TH STREET, SUITE 1 (Address) MIAMI, FL, 33126 (City/State and Zip Code) For further information concerning this matter, please call: LERMAR ORTIZ ) 992-7012 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ✓\$35 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations 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 607.1403, 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:
	L.O. WATER PROTECTION SERVICES, INC.
SECOND:	The document number of the corporation (if known): P08000007866
ΓHIRD:	The date dissolution was authorized: 07/15/09
	Effective date of dissolution <u>if applicable:</u> 07/15/09  (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
	2009 SECTALL
	(voting group)  Signature:  (By a director, president or other officer - if directors or officers have not been selected, by that fiduciary)  The state of the st
	LERMAR ORTIZ (Typed or printed name of person signing)
	PRESIDENT/TREASURY/DIRECTOR
	(Title of person signing)

Filing Fee: \$35