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(Re	equestor's Name)	_
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	of Corporations			
SUBJECT:	custom Ap	part + GiF	(5	-
DOCUMENT N	umber:PO8	0000489	.91	-
The enclosed Art	icles of Dissolution and fo	ee are submitted for fili	ng.	
Please return all c	orrespondence concerning	g this matter to the follo	owing:	
	Dana	Kennedy		
	Custom Ay	Contact Person) PDUU + (· oifts	
8:00 6:00 6:00 6:00 6:00 6:00	•	n/Company) BUULUAY	d, The Villa	1925, A
LEIVE ASSEE		ddress)		32159
O WEST	(City/Sta	te and Zip Code)		
For further inform	nation concerning this mat	ter, please call:		
	Karrady of Contact Bosson		316-5589	
•	of Contact Person)		& Daytime Telephone Nu	mberj
∖ i	ck for the following amou			
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	ኔ
Amendme Division of P.O. Box	nt Section of Corporations 6327 ee, FL 32314	Am Div Clir 266	REET ADDRESS: endment Section ision of Corporations fton Building 1 Executive Center Circle lahassee, 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:				
SECOND:	The document number of the corporation (if known): DOCOOO 45991				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable: Ott 31, 2009 (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 ARR ARR ARR ARR ARR ARR ARR ARR ARR AR				
	(voting group) A 10: 31 FLORIDA				
	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)				
	(Typed or printed name of person signing)				
	VICE PRESIDENT (Title of person signing)				
	(time of betone orbitals)				

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 Di	ssolution" is optional and i	s not required when f	iling a voluntary dissolut	ion.
Name of Corporation:	ustom App	2121 + 619	ts, Inc.	
Date of dissolution will be the specified in the Articles of Di		d with the Departmen	t of State or as	
Description of information th	at must be included in a cla	im:		
	1/A no c	cims		
Mailing address where claims	s can be sent: (Claims canno	ot be sent to the Divis	ion of Corporations)	
	3215 SW	35th Blu	od.	
	Canesull	4, FL 32	Los	
 				
A claim against the above nat within 4 years after the filing		red unless a proceedi	ng to enforce the claim is	commenced
a b			0111	
CHALS KENTE Printed Name	of the Person Filing	(ignature of the Person Filing	

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