P08000055275

Office Use Only



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TALLAHASSEE FLORIDA

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4-22-11

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: <u>Corporate</u> D	issolution
DOCUMENT NUMBER: P08000	00 55275
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Lisa Fris	4
Craft Master	Billiands INC n/Company)
3459 Technology DI	. suit B
•	
North Venice FL	34275
(City/Stat	e and Zip Code)
For further information concerning this mat	ter, please call:
Lisa Fasch (Name of Contact Person)	at (941) 484-1091 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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 607.1403, 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: Craft Master Billiards Inc.	
SECOND:	The document number of the corporation (if known): PU8000055275	
THIRD:	The date dissolution was authorized: 12-31-2010	
	Effective date of dissolution if applicable: 12-31-2010 (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:	Œ
	The number of votes cast for dissolution was sufficient for approval by	L
	(voting group) (voting group) (voting group)	のプ
	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)	
	Lisa Frisch	
	(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. Craft Master Billiards INC 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: Nome addiess Phone ____ invoice + discreption ANOUNT Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Craftmaster Billiand 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. Lisa Frisch
Printed Name of the Person Filing gnature of the Person Filing