## P08000060999

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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
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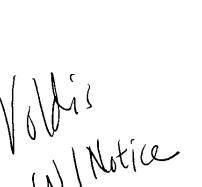
Office Use Only



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D. CONNELL MAR 3 1 2010

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Corporation Disso	lution
DOCUMENT NUMBER: P08000609	
The enclosed Articles of Dissolution and fee are submitted for	filing.
Please return all correspondence concerning this matter to the t	following:
Stanky W. Burc	1N
(Name of Contact Person)  Tender Loving are L  (Erm/Company)	obster Nets Inc
laco Na Lla Me	
(Address) Porpau Dea Ch (City/State and Zip Code)	R 33062
(City/State and Zip Code)	
For further information concerning this matter, please call:	
	) 242 9319 ode & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & \bigcup \$43.75 Filing Fee & Certified Copy (Additional copy enclosed)	ee & \$\int \\$52.50 \text{ Filing Fee,} Certificate of Status & is Certified Copy (Additional copy is enclosed)
• • • • • • • • • • • • • • • • • • • •	STREET ADDRESS:
	Amendment Section Division of Corporations
	Clifton Building
	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:	
	Tender Loving Care Lobsten Nets, Inc.	
SECOND:	The document number of the corporation (if known): PO 800006099	
THIRD:	The date dissolution was authorized: $\frac{3/25/10}{}$	
	Effective date of dissolution if applicable: 3/26//0 (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.	n
	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	
	all	
	(voting group)	酒
		j
	Signature: W. //	-
	(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	
	Stanley W. Buryn	
	(Typed or printed name of person signing)  (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.

Name of Corporation: Lender Loving Care Lobsfer Wels, 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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

AGO NE DIGHT ARC

Demando Beach, FC 33362

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.

Printed Name of the Person Filing

Signature of the Person Filing