P08000064209

(Requestor's Name)
_
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Canadal Instructions to Cities Officer
Special Instructions to Filing Officer:

Office Use Only



600148519216



04/03/09--01015--021 **35.00



4 lolo9

COVER LETTER

Division of Corporations
SUBJECT: ANDREOZZI ASSOCIATES, INC
DOCUMENT NUMBER: P08000064209
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DONALD ANDREOZZI
(Name of Contact Person)
(Firm/Company)

PORT ST LUCIE, FL 34953
(City/State and Zip Code)

(Address)

For further information concerning this matter, please call:

1941 SE CHELTENHAM STREET

DONALD ANDREOZZI

(Name of Contact Person)

at (772) 878-9050

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

▼\$35 Filing Fee
\$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee,
Certificate of Status

Certified Copy
(Additional copy is enclosed)

Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following Offices

SECRETARY OF STATE
TALLAHASSEE.FLORIDA

	- Top
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	ANDREOZZI ASSOCIATES, INC
SECOND:	The document number of the corporation (if known): P08000064209
THIRD:	The date dissolution was authorized: DECEMBER 31, 2008
	Effective date of dissolution if applicable: DECEMBER 31, 2008 (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
	(voting group)
	Signature: (By a director, president or other officer - if directors or officers may e not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	DONALD ANDREOZZI
	(Typed or printed name of person signing)
	OFFICER
	(Title of person signing)

Filing Fee: \$35