## P08000108529

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APPROVICE AND FILED

SIN

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Florida profit corpora	ition
DOCUMENT NUMBER: P08000108529	
The enclosed Articles of Dissolution and fee are submitted to	for filing.
Please return all correspondence concerning this matter to th	e following:
Timothy P. Scapin	
(Name of Contact Person)	
My Evidence, Inc.	
(Firm/Company)	
4125 Raccoon Loop	
(Address)	
New Port Richey, FL 34653	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
	412-1403
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Certified Copy (Additional copenciosed)	Certificate of Status &
MAILING ADDRESS: 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

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:			
	Timothy P. Scapin			
SECOND:	The document number of the corporation (if known): P08000108529			
THIRD:	The file date of the articles of incorporation: 12-15-2008			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.			
SEVENTH:	Adoption of Dissolution (CHECK ONE)			
	A majority of the incorporators authorized the dissolution.			
	A majority of the directors authorized the dissolution.			
Sign	ature:  (By a director, president or other officers if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	if		
	Timothy P. Scapin  (Typed or printed name of person signing)	SECRF 14	09 007	

Filing Fee: \$35

(Title of Person Signing)

**President** 

**09 OCT | 3 PM 3: 32** Secretary of State

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