## 09000000097

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: AFTICLES OF DISSOLUTION	·
DOCUMENT NUMBER: P09000000 97	44
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Contact Person)	
BOYD CAPITAL ADVISONS, INC. (Firm/Company)	
6900 DANIEZS DKWY STE 29-292 (Address)	
(Address)	
(City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (239) 699-60 (Area Code & Daytime Te	(156) Elephone Number)
Enclosed is a check for the following amount:	
(Additional copy is Certified	e of Status & Copy al copy is
MAILING ADDRESS:STREET ADDREAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive C	on orations

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:
	BOYD CAPITAL ADVISORS INC
SECOND:	The document number of the corporation (if known): Po900000097
THIRD:	The date dissolution was authorized: 12/31/20/0
	Effective date of dissolution if applicable: /2/31/20/0 (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.
	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 have not been selected, by an incorporator - if in the hands of a receiver, bustee, or other court appointed fiduciary, by that fiduciary)  (Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35