04/09/2010 vision of Corporations

## orida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000081306 3)))



H100000613083ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

DISSOLUTION OR WITHDRAWAL TRUE LINE GROUP, CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

## H10000081306

## 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	of State:		
	True Line Group, corp			
SECOND:	The document number of the corporation (if known): Po 90000	<u>573</u>	98	<b>&gt;</b>
TH(RD:	The document number of the corporation (if known): $P0900000000000000000000000000000000000$			-
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution)			_
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	: for diss	30lutie	on
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled		
	The number of votes cast for dissolution was sufficient for approval by			
		SE	70	
• •	(vating group)	ORETARY OF	APR -9 PM	
	Signature:  (By a director, president of other officer. Interctors or officers have not been selected, by an incorporator - if in the hands of a receiver, trister, or other court appointed fiduciary, by that fiduciary)	FIGDIO	- သ သ	Ö
	(Typed or printed name of person signing)			
	(1 ypou or printed name of person signing)			
	(Title of person signing)			

Filing Fee: \$35