PP900046120

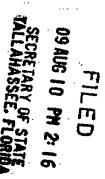
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COVER LETTER

* TO: Amendment Section

Division of Corporations	
DOCUMENT NUMBER: P090004612	11-6
DOCUMENT NUMBER: P090004612	<u>O</u>
The enclosed Articles of Dissolution and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Crystal Applehy (Name of Contact Person)	
Crystals Customer Care (Firm/Company)	
(Firm/Company) 3055 Hallenante DV G(5F)	370434
Address)	Amendmen Senten
(City/State and Zip Code)	gade garada a e garante en en
For further information concerning this matter, please call:	4
Crystal Applehy at (904)	589 - 1671) 282 - 4185 Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	oue & Daytime Telephone Number)
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & \$\bigcup \$43.75 Filing Fee Certified Copy (Additional copy enclosed)	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:
	Crystals Customer Care
SECOND:	The document number of the corporation (if known): 10900046120
THIRD:	The file date of the articles of incorporation: $5/26/09$
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 officer - if director or officers have not been selected, by an incompletor - in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) (Typed or printed name of person signing) Cassident
	(Title of Person Signing)

Filing Fee: \$35