P09000046680

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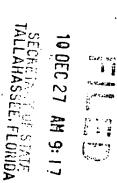
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLYTION OF CORPORATION	•
DOCUMENT NUMBER: P09000 46680	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DOMINIC J EZZI	
(Name of Contact Person)	
EZZI INSURANCE SOLUTIONS (Firm/Company)	1
MAILING 32521 WASHINGTON LOOP (Address)	/(
PANTA GORDA FL 33782. (City/State and Zip Code)	
For further information concerning this matter, please call:	
DOMINIC FZZI at (941) 575 4247. (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\begin{align*} \text{\$\frac{1}{3}} \$\fr	
MAILING ADDRESS: STREET ADDRESS:	

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

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:
	EZZI INSUMPLE SOLUTIONS INC
SECOND:	The document number of the corporation (if known): PO 900 004668
THIRD:	The file date of the articles of incorporation: $05/27/09$
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 officers is directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	DOMINIC EZZI (Typed or printed name of person signing)
	REGISTERED DOENT / COS,

Filing Fee: \$35