(Requestor's Name)	
. (Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	•

Office Use Only



300191706433



01/18/11--01071--029 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations	
•	
SUBJECT: QUALITY CARPET &	UPHOLSTERY CARE, INC
DOCUMENT NUMBER: P09000060	0987
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
DAISY LOPEZ	
(Name of C	Contact Person)
QUALITY CARPET & UPHOLS	TERY CARE, INC
(Firm	/Company)
12967 SW 248TH TERRACE	
. (Ac	idress)
HOMESTEAD, FL 33032	
(City/Stat	e and Zip Code)
For further information concerning this mat	ter, please call:
DAISY LOPEZ	at (305) 798-0224
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
✓\$35 Filing Fee \$43.75 Filing Fee & [Certificate of Status	\$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$\$\$Certificate of Status & Certified Copy (Additional copy is enclosed)
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

FILED

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation all bright of off pring acticles
or dissolution	SECRETARY OF STATE TALLAHASSEE.FLORID!
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	QUALITY CARPET & UPHOLSTERY CARE, INC
SECOND:	The document number of the corporation (if known): P0900060987
THIRD:	The date dissolution was authorized: 10/31/2010
	Effective date of dissolution if applicable: 10/31/2010 (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 in directors or officers have not been selected, by an incorporator - if in the hands of receiver, trustee, or other court appointed fiduciary, by
	that fiduciary) .
	Typed or printed name of person signing)
	VICE PRESIDENT/DIRECTOR
	(Title of person signing)

Filing Fee: \$35