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SECRETARY OF STATE
OFFICE CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION OF GRADATIO	2~	
DOCUMENT NUMBER: Po 9000068808		
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)		
(Name of Contact Person) Office NFR (WECTIONS (A) (Firm/Company)		
DESIGNER (RUKETIONS CH	COBAL INC	
520 Datov Avk	_	
(Address)		
FORT LAUBARDAUR FLORIDA 33.	304	
(City/State and Zip Code)	-	
For further information concerning this matter, please call:		
(Name of Contact Person) at (954) 564-9 (Area Code & Daytime Telepi	72 4 hone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Certificate of Status Certified Copy Certificate of Additional copy is enclosed) Certificate of Status Certified Copy (Additional copy is enclosed)	Status &	
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section		
	Amendment Section Division of Corporations	
P.O. Box 6327 Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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:
	DESIGNER COLFECTIONS CHOPS	BAL/IN
SECOND:	The document number of the corporation (if known): PO 90000	68808
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: (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 was sufficient for approval.	for dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled
	The number of votes cast for dissolution was sufficient for approval by	
	OWVEL PRESIDENT (voting group)	1: 01V
	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, trustee, or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing) OWNER PRESIDENT.	FILED STATE SECRETARY OF STATE SECRETARY OF STATE STATE ON THE STATE OF STA
	(Title of person signing)	

Filing Fee: \$35