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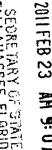
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Nymber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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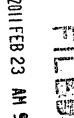
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: BEST CHOICE STONE, INC.		
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
KATHY S. MOO (Name of Contac	D.V t Person)	
(Firm/Comp	pany)	
(Address)		
JACKSONVILLE, FL 32320 (City/State and Zip Code)		
For further information concerning this matter, ple		
(Name of Contact Person) at	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status Cert (Add	.75 Filing Fee & \$\int \frac{1}{3}\$\$52.50 Filing Fee, ified Copy itional copy is losed)	
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 607.1403, 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 State:
	BEST CHOICE STONE, INC.
SECOND:	The document number of the corporation (if known): \$\frac{\rhoq000090719}{\rmodel{000090719}}\$
THIRD:	The date dissolution was authorized: 12/31/10
	Effective date of dissolution if applicable: 02/28/10 (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
	DIRECTORS: MARY WOODY SECRETARY MOODY LAHASSEE
	Signature: Atth A. Mood (By a director, president or other officer - if directors or officers have not been selected, by an incorporator of if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signifig)
	DIRECTOR (Title of person signing)

Filing Fee: \$35