P09000094724

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

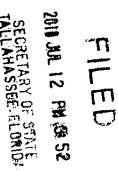
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7 /13/10

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: EMPLOYEE EXECUTIVE BENEFITS INC
DOCUMENT NUMBER: P09000094724
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK HAJEC
(Name of Contact Person)
TAX RECOVERY SERVICES INC
(Firm/Company)
429 E SHERIDAN ST
(Address)
DANIA BEACH, FL 33004
(City/State and Zip Code)
For further information concerning this matter, please call:
MARK HAJEC at (954) 921-1041
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to articles of di	section 607.1401, Florida Statutes, this Florida profit corporation submits the following ssolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	EMPLOYEE EXECUTIVE BENEFITS INC
SECOND:	The document number of the corporation (if known): P09000094724
THIRD:	The file date of the articles of incorporation: 11/18/2009
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.
Sign	A majority of the directors authorized the dissolution. 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 fiduriary, by that fiduciary.) SHAWN DEROSA (Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35