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### $\underline{COVER\;LETTE\dot{R}}$

TO: Amendment Section Division of Corporations
SUBJECT:
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael J. Schmielt (Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
10150 Belle Rive Blad #202
(Address)
10/50 Belle Rive Blad #202  (Address)  Tacksonville, Florida 32256  (City/State and Zip Code)
For further information concerning this matter, please call:
Michael J. Schmidt at (904) 410-7755  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Striling Fee Status Sta
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

#### ARTICLES OF DISSOLUTION

SECRETARING STATE Pursuant to section 607:1401, Florida Statutes, this Florida profit corporation submits the articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: JAnner 904, Inc. The document number of the corporation (if known): SECOND: The file date the articles of incorporation: 12/2009 THIRD: (CHECK AT LEAST ONE BOX) FOURTH: 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. Signature: 7724 (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.) Michael J. Schmidt
(Typed or printed name of person signing)

President
(Title of Person Signing)

Filing Fee: \$35

## W ij

#### **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: Janner 904 Inc. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Janner 904 10150 Belle Rive Blud #202 Jacksonville, Florida 32256 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Michael J. Schmidt
Printed Name of the Person Filing