P10000015597

·
(Requestor's Name)
(Address)
•
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , ,
(Document Number)
Certified Copies Certificates of Status
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07/02/10--01004--021 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Diss. W/Notice

TB

JUL - 8 2010

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: MY FRISh Beney From yo	TUET CO
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John larger	<u>-</u>
(Name of Contact Person)	· ·
	
(Firm/Company) 126381999	•,
(Address)	
TACESWAILE PL32250	<u> </u>
(City/State and Zip Code)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
For further information concerning this matter, please call:	
John (August at (94) 3752)	36
(Name of Contact Person) (Area Code & Daytime Tele	phone 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 Fili	of Status & opy copy is
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassas El 22314 Corporative Corporations	i itions

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:				
	MIT FRES DELFY FROM YOUR CES				
SECOND:	The document number of the corporation (if known): D 100001559				
THIRD:	The date dissolution was authorized: JUNC 22, 2010				
	Effective date of dissolution if applicable: JUNC 2 0 0 (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) SSEE, FLORIDA Signature: 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)				
•	PRS.				
	(Title of person signing)				

Filing Fee: \$35

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 requ	uired when filing a vol	untary dissolution.	
Name of Corporation: My Talesh Den	OF THE	320 X0:	San Co
Date of dissolution will be the date the dissolution is filed with the specified in the Articles of Dissolution.	e Department of State		
Description of information that must be included in a claim:	;		
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		······································	
			.
Mailing address where claims can be sent: (Claims cannot be sent description of the sent description o	t to the Division of Co	rporations)	
A claim against the above named corporation will be barred unles within 4 years after the filing of this notice.	ss a proceeding to enfo	orce the claim is cor	mmenced·
Tohn Langer		Mar	
Printed Name of the Person Filing	Signature of	the Person Filing	**************************************

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