## P10000030989

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

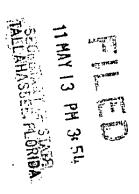
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MR 520-11

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: <u>D15504U7761V</u>	EC CORPORATION AND ASSETS
DOCUMENT NUMBER:	<del>-</del>
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
C. KEUIN GILLIATIN (Name of C	407 894 4484 Contact Person)
SMFU INC SUNSET	MESHONIAC FUNCTOR HOME /MC
301 N. FERNCHEER.	AVE SUITE A
(Ad	ldress)
ORLANDO FL 32803	
ORLANDO, FC 32803 (City/Stat	e and Zip Code)
For further information concerning this matt	ter, please call:
CKEVINGILLIAM	at (407) 894-4484 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	n:
\$35 Filing Fee \$\bigs\\$\\$43.75 Filing Fee & [ Certificate of Status	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  \$\sum \\$3.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certificate of Status & \$\sum \\$Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassec, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	T: The name of the corporation as currently filed with the Florida Department of State:	
	SMEH TWO.	
SECOND:	The document number of the corporation (if known): P10000070989	
THIRD:	The date dissolution was authorized: 5-1-11	
	Effective date of dissolution if applicable: 5-/-// (no more than 90 days after dissolution file date)	
FOURTH:		
	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)	
	Signature: Clare	
	(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)	
	C //EVIN/ GILLIAWI (Typed or printed name of person signing)	
	(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 required when filing a voluntary dissolution. Name of Corporation: SINFIA TAC. 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) 301 N. FERNCREEK AVE 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. C KEVINGILLIAM

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