## P10000036468

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(City/State/Zip/Phone #)
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C.COULLIETTE
JUN 30 2011

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
SUBJECT: VERIFIED INSPECTIONS, INC	C		
DOCUMENT NUMBER: P10000036468			
The enclosed Articles of Dissolution and fee are submit	ted for filing.		
Please return all correspondence concerning this matter t	to the following:		
OSCAR HORACIO ZAPATA			
(Name of Contact Person	on)		
O.Z. ACCOUNTING SERVICES			
(Firm/Company)			
1143 SW ADDIE STREET			
(Address)			
PORT ST. LUCIE, FLORIDA 34983			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Oscar Horacio Zapata at ( 77			
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certified C (Additional enclosed)	• •		
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 o	f State:	
	VERIFIED INSPECTIONS, INC		
SECOND:	The document number of the corporation (if known): P10000036468		
THIRD:	The date dissolution was authorized: 04/01/11		
	Effective date of dissolution <u>if applicable:</u> 04/01/11 (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 was sufficient for approval.	for dissolution	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	-	
	The number of votes cast for dissolution was sufficient for approval by	MISION OF CORPERANT	
	(voting group)	<b>7</b>	
		STATE BRANDA Th: 15	
	Signature:  (By a director, president of 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)		
	GLADYS M. PICON		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35