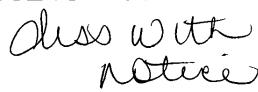
P10000047741

Office Use Only



400210419974



08/01/11--01021--021 **43.75



ASR 8/3/11

COVER LETTER

TO: Amendment Section Division of Corporations	·
SUBJECT: DUSSOLUMON OF	CORP
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
Wame of Contact Per)
DivA Exchange (Firm/Company)
15155 NW 256 ST (Address) Okee chokee (City/State and Zip C	
(Address)	
Okeechobee FI	34972
(City/State and Zip (Code)
For further information concerning this matter, please	call:
Tillian M Butin at (8) (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Sassing Fee Status Certificate of Status Certified (Addition enclose)	Certificate of Status & Certified Copy
MAILING ADDRESS:	STREET ADDRESS: Amendment Section
Amendment Section Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: The document number of the corporation (if known): SECOND: The file date of the articles of incorporation: $\frac{O(o/O4/10)}{O(o/O4/10)}$ THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. No debt of the corporation remains unpaid. FIFTH: The net assets of the corporation remaining after winding up have been distributed SIXTH: 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 By a director, president or other other - 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) (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 Corpora	ation:	<u> 40 CU</u>	EXCH	MNGE	<u>- ፲</u> ೧	
Date of dissolutions pecified in the A			olution is filed wit	h the Departmo	ent of State or as	
Description of in	formation t	hat must be inc	luded in a claim:			
Busin	e <u>5</u> 5	2010	Effed	Hue_	8/1/11	
	•		H-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		<u> </u>	
		`			· · · · · · · · · · · · · · · · · · ·	
Mailing address	where clain	ns can be sent: (Claims cannot be	sent to the Div	ision of Corporat	ions)
_	151	55)	jw a	56 5	ti.	
		Keec	hobere	FI	34976	<u> </u>
-				· · · · · · · · · · · · · · · · · · ·		
-	- · · · · ·	<u> </u>				
A claim against twithin 4 years af				inless a proceed	ding to enforce th	e claim is commenced
Jillian		But	ein)		el Por	A
	Printed Nan	ne of the Person Fil	ling		Signature of the Her	son Filing

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