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## **COVER LETTER**

Division of Corporations
SUBJECT: DISSOLVE
DOCUMENT NUMBER: P1000090904
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL GARY KRATCH
(Name of Contact Person)
POOLPRODUCTSONLINE, INC. (Firm/Company)
1126 SOUTH FEDERAL HWY. STE 101 (Address)
· ·
FURT LAUDERDALE, FL 33316 (City/State and Zip Code)
For further information concerning this matter, please call:
MICHAEL GARY KRATCH at (954) 547-7300  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Barana
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	PODLAROBUCISONLINE, INC.	
SECOND:	The document number of the corporation (if known): P100009090909	
THIRD:	The file date of the articles of incorporation: 11.05.201D	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	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.		
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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.)		
MICHAEL GARY KMATCH  (Typed or printed name of person signing)		
DO I (TOC) T		
	(Title of Person Signing)	

Filing Fee: \$35