(Requestor's Name)	
(Address)	900240480
(Address)	0002 10 100
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/15/1201027-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Voluntary Dissolution	
TW#	
DOCUMENT NUMBER: 45-4824378	and the second s
The enclosed Articles of Dissolution and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
La company Danielle	
Laurance Rosoff (Name of Contact P	arson)
(Name of Contact P	eisony
Laros investigations, Inc	
(Firm/Compar	ny)
1148 Birchwood road	
(Address)	
Weston, FL 33327	
(City/State and Zip	Code)
For further information concerning this matter, pleas	e call:
Laurance Rosoff at (954) 684-7122
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & Certified Copy
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 607.1401, 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:	
	Laros Investigations, Inc		
SECOND:	The document number of the corporation (if known): 12000/146	1]	
THIRD:	The file date of the articles of incorporation: 2/13/12		
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.	200	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	ted_	2112 OCT 15
SEVENTH:	Adoption of Dissolution (CHECK ONE)	140 140 140 140 140 140 140 140 140 140	S
	A majority of the incorporators authorized the dissolution.	4	3
	A majority of the directors authorized the dissolution.		AR 15: 34-4.
Sign	(By a director, president of other officer - if directors or officers have not been selected, by an incoming the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	rporator -	·if
	Laurance Rosoff		
	(Typed or printed name of person signing)		
	President		
	(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.

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Name of Corporation: Laros Investigations, Inc	
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .	
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)	
1148 birchwood road, Weston, FL 33327	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commutation 4 years after the filing of this notice.	ienced
Laurance Rosoff	
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