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ご, . . نيريقا للانجهي 1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBERS(S): 1. Skyline Group, Inc. PIZODOC (DOCUMENT #) (CORPORATE NAME) 2. (CORPORATE NAME) (DOCUMENT #) 3. (CORPORATE NAME) (DOCUMENT #) Pick up time: _____ Certified Copy Certificate Of Status Walk-In New Filings Amendments Other Filings Profit Amendments Annual Report Non-Profit Resignation **Fictitious Name** Limited Liability Dissolution/Withdrawal Apostille: Other: Other: Other:

Examiners Initials

ARTICLES OF DISSOLUTION

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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 of State: SKYLINE GROUP, INC.

- SECOND: The document number of the corporation (if known): P12000082990
- THIRD: The date dissolution was authorized: 12/31/2014

Effective date of dissolution *if applicable*:

(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 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	By a director, president or other fifteer - 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)
ELIZ	ABETH PETROV
	(Typed or printed name of person signing)
P/D	

(Title of person signing)

Filing Fee: \$35