P13000065019

(Requestor's Name)
(Address)
(Address)
(isolos)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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FILING CANCELLED
RETURNED CHECK

12/04/13--01018--007 **35.80

13 DEC -4 PH 12: 17

SECRETARY OF STATE

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DEC 1 0 2013 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolve a Corporation		
DOCUMENT NUMBER: P13000065019		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Let		
(Name of Contact Person)		
Marris Roth in C (Firm/Company)		
2090 N Forsyth Rd (Address)		
Orlando Fl 32807 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Contact Person) at (407) G81-9009 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status \$\Bigcup \\$60 Certificate of Status		
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



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:
	Harris Roth inc.
SECOND:	The document number of the corporation (if known): P1300065019
THIRD:	The date dissolution was authorized: 11/30/2013
	Effective date of dissolution if applicable: 11/20/2013 (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
	1
	(voting group)
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	Signature of A
	(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)
	Lee Janes
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

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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 Corporation: 17 arris Roth inc
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Company name and date

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
2090 N forsyth Rd Orlando Fl 32807
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Printed Name of the Person Filing Signature of the Person Filing