## P14000003791

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
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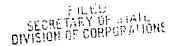
## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of a Corporation
DOCUMENT NUMBER: UNKNOWN
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Anthony Baica (Name of Contact Person)
Rhodlines Inc.
(Firm/Company)
131 19th Street NW
(Address)
Maples FL 34120
(City/State and Zip Code)
For further information concerning this matter, please call:
<u>John Bigica</u> at (239) 405-5750 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



## ARTICLES OF DISSOLUTION 5 FEB 17 PM 3: 47

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

Bloodlines, Inc.
The document number of the corporation (if known):  P1400000376
The file date of the articles of incorporation: 18/3014
(CHECK AT LEAST ONE BOX)
None of the corporation's shares have been issued.
The corporation has not commenced business.
No debt of the corporation remains unpaid.
The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
☐ A majority of the directors authorized the dissolution.
(By a director, president of 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.)  (Typed or printed name of person signing)  Owner Resident

Filing Fee: \$35