P14000035387

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

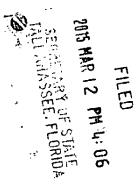
Office Use Only



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3/12/15

COVER LETTER

TO: Amendment Section

Division of (Corporations		
SUBJECT:	Dissoluti	ion of	EGG, Inc.
DOCUMENT NUMI	BER:	4000024	5387
The enclosed Articles	s of Dissolution and fee ar	e submitted for fili	ng.
Please return all corre	spondence concerning this	s matter to the follo	owing:
	Tamme	e Alloe	
	(Name of Cont		
ERI	utable Ut	ilities	6roup Inc. 81 Treenaven C
U	(Firm/Co	mpany) /62	81 Treenaven Ct
A CASA	A CAMP E	THE TOTAL	A De
	(Addres	ss)	
<i>\</i>	Ulling DY (City/State an	d Zip Code)	33414
For further information	on concerning this matter,	please call:	
TUM N (Name of C	Contact Person)	at (& Daytime Telephone Number)
Enclosed is a check for	of the following amount:	T	
\$35 Filing Fee	Certificate of Status (A	643. 15 Filing Fee of dertified Copy additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING AD			REET ADDRESS:
Amendment S			nendment Section
Division of C	_		vision of Corporations
P.O. Box 632			fton Building 51 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: The document number of the corporation (if known): SECOND: The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: 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 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)

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. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. Tummie Alloe

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Person Filing