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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE AHASSEE ELOBIO.

Dissolution w/Notice

B 3-5-08

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: P9300000761
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Littlejohn (Name of Contact Person)
ABC APPLIANCE INC (Firm/Company)
2150 GRAND BLUD
(Address) Holiday FC 3 4690 (City/State and Zip Code)
For further information concerning this matter, please call:
Mark Littlejohn at (727) 934-5858 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 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 BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

of dissolut	ion;		
FIRST:	The name of the corporation as currently filed with the Florida Department of State: ABC APPLIANCE, Two.		
SECOND:	The document number of the corporation (if known): P9300000701		
THIRD:	The date dissolution was authorized: <u>Jan 19 2008</u>		
	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		
	Signature: (By a director, president or other officer - if prectors 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)		
	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. APPCIANCE 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.

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