## P93000016920

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SECRETARY OF STATE
ALL AHASSEE, FLORIE

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: CORPORATE DISSOLUTION
DOCUMENT NUMBER: P93 ØØØØ 1692 Ø
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
P.O. BOX 29/189  (Address)  TORT ORANGE, FLORIDA 32/29  (City/State and Zip Code)
(Address)
CORT ORANGE, FLORIDA 32129
(City/State and Zip Code)
For further information concerning this matter, please call:
TANICE C. NIXON at (386) 760 - 2185  (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to so of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the follon:	owing a	article	S	
FIRST:	THE GAS APPLIANCE SUPPLY CO, INC.	State:			
SECOND:	The document number of the corporation (if known): P93000016	<u>92Ø</u>	· 		
THIRD:	The date dissolution was authorized: DECEMBER 15, 2006	· · · · · · · · · · · · · · · · · · ·	<del>_</del> _		
	Effective date of dissolution if applicable: DECEMBER 27, 20 (no more than 90 days after dissolution f	06 file date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or disso	olution	l	
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ittled	رار 07	······································	
	The number of votes cast for dissolution was sufficient for approval by	ETARY OF S			
	(voting group)	STATE	ې <b>ر</b> ت	ئــ	
	Signature: PRES/SEC  (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)		· -		
	AUSTIN D. NIXON (Typed or printed name of person signing)				
	PRESIDENT SECRETARY (Title of person signing)				

Filing Fee: \$35