## P93000019074

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TALLAHASSEF FI OBLANCE



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT:
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tina Zeller (Name of Person)
(Name of Person)  (Name of Person)  (Name of Firm/Company)
(Name of Firm/Company)
10985 1ST AVE W.  (Address)
ST. Petersburg, FC 337/0 (City/State/and Zip Code)
For further information concerning this matter, please call:
at (727) 347-333 (Name of 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 \$ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327  STREET ADDRESS: Amendment Section Division of Corporations Division of Corporations 409 F. Gaines Street

Tallahassee, Florida 32399

Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION

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:
SECOND:	The document number of the corporation (if known): P9300007
THIRD:	The date dissolution was authorized: 7-30-05
	Effective date of dissolution if applicable: 7-30-05  (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 of 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
	Signed this day of
	(Typed or printed name of person signing)
	Y165, dent

Filing Fee: \$35