P93000054269

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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09/07/07--01008--001 **35.00

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Reberts SEP 12 2000

· COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Dissolution Flo	or: da ProFit Composadon		
DOCUMENT NUMBER: P93000	054269		
The enclosed Articles of Dissolution and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Name of Contact I	Hersen		
Ottersen Residential (Firm/Compa	Martgage (orporation		
15151-Lake Pickett (Address)			
•			
Orlando Fc (City/State and Zi	32820		
(Citý/State and Zi	p Code)		
For further information concerning this matter, please	se call:		
Name of Contact Person) at ((Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
	ied Copy Certificate of Status & Certified Copy		
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

	ARTICLES OF DISSOLUTION					
Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following rticles on:					
FIRST:	The name of the corporation as currently filed with the Florida Department of State:					
SECOND:	The document number of the corporation (if known): P930000 54269					
THIRD:	The date dissolution was authorized: $9/25/06$					
	Effective date of dissolution if applicable: 12/3/06 (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 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)					
	DAV: O CHeusen (Typed or printed name of person signing)					
	(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.

Name of Corporation:) Horson !	Kesidailiz	Murtgage	arparation
Date of dissolution will be the specified in the Articles of D		is filed with the Dep.	artment of State or as	
Description of information_tl	nat must be included i	n a claim:		
				
Mailing address where claim	is can be sent: (Claims	s cannot be sent to the	e Division of Corporat	ions)
	15151 1	-ska Pick	24 PQ. 32820	
-	00/0	udo FC	32820	
		(
				
A claim against the above na within 4 years after the filing		be barred unless a pro	oceeding to enforce th	e claim is commenced

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