P93000057237

Requestor's Name

LAW OFFICES OF DAVID W. GRIFFIN, P.A.

The Town Centre 565 South Duncan Avenue Clearwater, Florida 33756 \$00002796319--9 -03/05/99--01092--006 ******35.00 ******35.00

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Γ NUMBER(S), (if known):

1(Cor	poration Name)	(Docum	ent #)		
2. (Corporation Name)		(Docum	ent#)		
3(Cor	poration Name)	(Docum	ent#)		**
4(Cor	poration Name)	(Docum	ent#)		
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NEW FILINGS	AMENDMEN	Parance de la company de la co	Certificate of Sta	IAR -5	
Profit	Amendment	Amendment			
NonProfit	Resignation of R.A	Resignation of R.A., Officer/Director		PM 2: 29 OF STATE EE, FLORIDA	
Limited Liability	Change of Registered Agent			PATE 29	
Domestication	Dissolution/Withda	Dissolution/Withdrawal		>	
Other	Merger				
OTHER FILINGS Annual Report	REGISTRA QUALIFICA	ainte - The Contract of the State of the Sta			
Fictitious Name	Foreign		,	VOIDS	
Name Reservation	Limited Partnership	p		$\mathcal{N}_{\mathcal{O}}$,	-

Reinstatement Trademark

Other

Examiner's Initials

ARTICLES OF DISSOLUTION

THE UNDERSIGNED, hereby makes, executes and adopts the following Articles of I

- 1. The name of this Corporation is: SARA-ANDREW CORPORATION.
- 2. The date the Articles of Dissolution was authorized is: FEBRUARY 25, 1999.
- 3. A meeting of the Board of Directors was held on February 25, 1999 for the purpose of proposing to the Shareholders the dissolution of the corporation. It was unanimously approved by the Shareholders of the corporation to dissolve the corporation.

The corporation shall be dissolved on the date herein signed.

IN WITNESS WHEREOF, THE UNDERSIGNED, as executed these Articles of Dissolution this 2nd	Shareholders and Board of Directors have day of,				
1999, for the uses and purposes therein set forth.	EMILE GUIRGESS				
	MAHER ELBEHIDY / President				
STATE OF FLORIDA					
COUNTY OF PINELLAS					
I HEREBY CERTIFY that on this2^nd	day of March, 1999,				
personally appeared before me EMILE GUIRGESS as B	oard of Director and Shareholder of SARA-				
ANDREW CORPORATION, who is personally stown	to me or who has produced Driver's License				
or other picture I.D. as identification (\$\sigma \sigma \s	•				
* A * A * A * A * A * A * A * A * A * A	Jesley Johantoen				
My Commission Expires: #CC 760359.	Lesley Lothantaep, Notary Public				
Jan John Control of the Control of t	3				
STATE OF Florida					
COUNTY OF Zloth boroug	•				
I HEREBY CERTIFY that on this _ 3 nd	_day of				
personally appeared before me MAHER ELBEHIDY as Board of Director and Shareholder of					
SARA-ANDREW CORPORATION, who is personally known to me or who has produced Driver's					
License or other picture I.D. as identification.					
	1				

ROSALIE STOHLER MY COMMISSION # CC 502377

Bonded Thru Notary Public Underwriters

My Commission Expires:

Hoselie