P93000084910

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COVER LETTER

Division of	Corporations
SUBJECT: DISS	OLUTION OF CORPORATION
DOCUMENT NUM	BER: <u>P93000084910</u>
The enclosed Article	of Dissolution and fee are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	ROBERT L. SHIMP
	(Name of Contact Person)
ERROL	LEASING SERVICES, INC.
	(Firm/Company)
/55	4 LAKE MARION DRIVE (Address)
APOP	City/State and Zip Code)
For further information	n concerning this matter, please call:
ROBERT L.	SHIMP at (407) 620-0995 Ontact Person) (Area Code & Daytime Telephone Number)
(Name of C	Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for	or the following amount:
Ø\$35 Filing Fee □	\$43.75 Filing Fee & \$\sum \$\$43.75 Filing Fee & \$\sum \$
MAILING AD Amendment S Division of C P.O. Box 632 Tallahassee, I	ection Amendment Section or Division of Corporations Clifton Building

ARTICLES OF DISSOLUTION

Pursuant to securaticles of disse	tion 607.1401, Florida Statutes, this Florida profit corporation submits the following lution:
	the name of the corporation as currently filed with the Florida Department of State: SRROL LEASING SERVICES, INC.
	he document number of the corporation (if known): <u>P93000084910</u>
THIRD: T	he file date the articles of incorporation: 08-03-1997
FOURTH: (CHECK AT LEAST ONE BOX)
	CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued. The corporation has not commenced business.
	The corporation has not commenced business.
FIFTH: N	a debt of the corporation remains unpaid.
	e net assets of the corporation remaining after winding up have been distributed the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signatu	(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.) ROBERT L. SHIMP (Typed or printed name of person signing) PRE SIDENT

Filing Fee: \$35