P94000035371

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
	Onlife of Courts
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
l	

Office Use Only



500082851115

01/05/07--01009--020 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of Diversified Travel Mgt., INC.
DOCUMENT NUMBER: P94000035371
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)
Diversified Travel Management 10c. (Firm/Company)
2277 MAIN STREET (Address)
For T Myers F-L 33901 (City/State and Zip Code)
For further information concerning this matter, please call:
Matthau O. Culat at (239) 995-7266 (Name of Contact Person) at (239) Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sqrt{35}\$ Filing Fee \$\sqrt{\$43.75}\$ Filing Fee & \$\sqrt{\$43.75}\$ Filing Fee & \$\sqrt{\$52.50}\$ Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 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:
	Diversified Travel Management, INC.
SECOND:	The document number of the corporation (if known): P94000035371
THIRD:	The date dissolution was authorized: 15 December 2006
	Effective date of dissolution if applicable: 15 December 2006 (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
	7 2
	(voting group) (voting group) (voting group) (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)
	Matthew D. Cular Jr. (Typed or printed name of person signing)
	Secretary
	~(Title of person signing)

Filing Fee: \$35