P94000036764 Requester's Name

Isabelle Owen Spence 11 Sea Winds Lane East Ponte Vedra Beach, Florida 32082

City/State/Zip

Phone #

000004981370--2 -02/21/02--01058--008 *****35.00 *****35.00

	Office Use Only	
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):	
1. Clabelle O. Spence	2, LMF, P.A. Lias (Document #)	**
(Corporation Name)	TS: 2	
2	F2	,
(Corporation Name)	(Document #) ASSET CE (Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy Certificate of Status	=
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement	
	☐ Trademark ☐ Other	-

Examiner's Initials

2/95/00

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation is: ISABELLEFIRST: SECOND: The date dissolution was authorized:_ Adoption of Dissolution (CHECK ONE) THIRD: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. U Dissolution was approved by vote 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 SABELLE O.
(Typed or printed name)

EIN: 59-3243864

74 g