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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e#)
PICK-UP	WAIT	MAIL
(В	usiness Entity Nar	me)
(De	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE STATE

Dissolution/w notice

TRANSMITTAL LETTER

TO: Amendment Section

Amendment Section
Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations
SUBJECT: MAGNUM EXCAUATING INC
DOCUMENT NUMBER: \$ 95 00 00 00 11 2
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS J. RITZMANN (Name of Person)
MA6NUM EX (AUA7,NG) (Name of Firm/Company)
P.O. Box 1865
(
City/State/and Zip Code)
(City/State/and Zip Code)
For further information concerning this matter, please call:
THOMAS J ROZNAND at (GUI) 423 1616 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\topsup \\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$2 \$35 Filing Fee & \$\topsup \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

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 Department of State:					
	MAGNUM EXCAVATING, INC.					
SECOND:	The document number of the corporation (if known): $P-9500000000011/2$					
THIRD:	The date dissolution was authorized: 4-33-04					
	Effective date of dissolution if applicable: (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 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					
	(voting group)					
	Signed this 37th day of APRIL , 2004.					
Signat	ure: (By a director, president of other officer - if directors or officers have not been selected, by an incorporator if in the hands of a receiver, truttle, or other court appointed fiduciary, by that fiduciary)					
	THOMAS J. RITZHAND (Typed or printed name of person signing)					
	(Title of person signing)					

Filing Fee: \$35

FILED SECRETARY OF STATE DIVISION OF CORPORATION

Notice of Corporate Dissolution

2004 MAY -3 AM II: 20

•	This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claim
	against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate	Dissolution" is optional and i	is not required who	en filing a volu	ıntary dissolution.	
Name of Corporation:	MAGNUM	EKCAVA	17,26,	INCI	
Date of dissolution will be specified in the Articles of	the date the dissolution is file Dissolution.	d with the Depart	ment of State c	or as	
Description of information	that must be included in a cla	im:		_	
THE	CORPORATIO	D Has	NOT	COMMen	<u>ر</u> و ه
BUSIN	35	·		, 	
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Mailing address where cla	ims can be sent: (Claims cann 308 MA BLADED TO		,	•	- 1
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···					•
	named corporation will be ba ars after the filing of this notic		eeding to enfor	ce the claim	
		1	\ \ <u>\</u>		
THOMAS	J. RITZMANK of the Person Filing	1 x	ionatura of the	erson Filing	
Finnen ivanie	AT THE LEISON THINK	•			

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