

P96000018905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

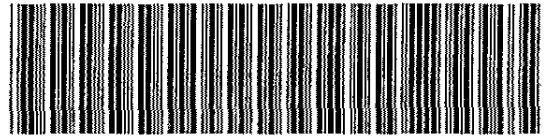
(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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DEAR SIR

ENCLOSED IS THE CHECK OF 43.75 FOR THE DISSOLUTION  
OF RONOZ INC. WITH THE EXTRA 8.75 FOR A CERTIFIED COPY  
. MY PHONE NUMBER IS (407)282-8762 AND MY ADDRESS IS  
1440 NIOBE CT. ORLANDO FLA. 32822.

YOURS TRULY  
RON SCHOENEMANN

*Ron Schoenemann*

## 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:

RONOZ, INC.

SECOND: The document number of the corporation (if known): P96000018905

THIRD: The date dissolution was authorized: JULY 31, 2004

Effective date of dissolution if applicable: JULY 01, 2004  
(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.

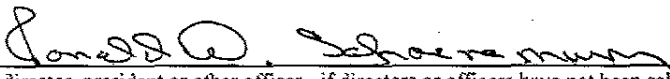
☐ Dissolution was approved by of the shareholders through voting groups.

*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

UNANIMOUS 100%  
(voting group)

Signed this 31ST day of JULY, 2004

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)

RONALD W. SCHOENEMANN  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA