## P9600044379

. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL .
(Bu	siness Entity Nar	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

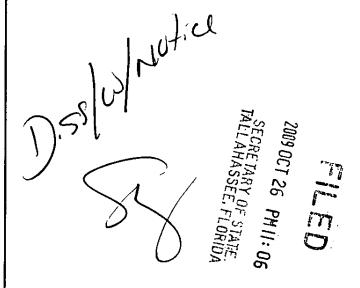
Office Use Only

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10/26/09--01018--018 \*\*35.00



## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations	
SUBJECT: DIS-SOLUTION OF ECTINC, A FORMA LAY	PONATION
DOCUMENT NUMBER: P966000 44379	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CHARLES M. BLAKEMORE  (Name of Contact Person)	
Elt, //C (Firm/Company)	
· /	
CASSELBEMY, FC 32707 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
PHALES M. BLAKEMONE at ( 407 ) 672 · 1695  (Name of Contact Person) (Area Code & Daytime Telephone Number)	ber)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## **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:
	ECT, INC.
SECOND:	The document number of the corporation (if known): P960000 44379
THIRD:	The date dissolution was authorized: 10-15-09
	Effective date of dissolution if applicable: 11-05-09 (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
	The number of votes cast for dissolution was sufficient for approval by  SECRETARY UT STATE  (voting group)  SECRETARY UT STATE  (voting group)
S	ignature:  (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)
	CHARLES M. BLAKEMORE (Typed or printed name of person signing)
_	PNESIDENT (Title of person signing)
	Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. ECT, NC Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: INVOICE, PROOF OF DELIVERY, PURCHASE OPDER, STATEMENT, CANCELED CHEEK Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1158 CARMEL CIRCLE #140 CASSELBERRY, FLORIDA 32707 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. CIPACIES M. BLAKEMORE Chuly M. Blakemore
Printed Name of the Person Filing

Signature of the Person Filing