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COVER LETTER

TO: Amendment Section	•
Division of Corporations	
SUBJECT: Sitindustrie, Inc USA	\
DOCUMENT NUMBER: P9600006	6928
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Donna Baptiste	•
(Name of	Contact Person)
Cohen & Grieb, P.A.	
(Firm	n/Company)
500 N. Westshore Blvd., Suite 7	00
(A	ddress)
Tampa, FL 33609	
(City/Stat	te and Zip Code)
For further information concerning this mat	tter, please call:
Donna Baptiste	at (813) 289-0782
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
7 \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 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 S	tate:
	Sitindustrie, Inc USA .	
SECOND:	The document number of the corporation (if known): P96000066928	
THIRD:	The date dissolution was authorized:15 DECEMBER 2010	
	Effective date of dissolution if applicable: 15 DECEMBER 2010 (no more than 90 days after dissolution file	4000
FOURTH:		·
	The following statement must be separately provided for each voting group entit to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by	led
	(voting group)	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by artheorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	Fausto Bocciolone	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35