P9600069122

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DESSOLUTION OF	SANTA ROSA FOREST PRODUCTS, INC.
DOCUMENT NUMBER: P944	000069122
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Jam 18	TYLOR
	Contact Person)
Soura Rosa F	OREST PRODUCTS, INC.
(Fin	m/Company)
9a A 81	
Po Box 81.	.ddress)
	,
CANTONMENT,	
(City/Sta	ate and Zip Code)
For further information concerning this ma	tter, please call:
JEM TAYLOR	at (<u>850</u>) <u> </u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
_	
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	enclosed) (Additional copy is
·	enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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:	RST: The name of the corporation as currently filed with the Florida Department of State:		
	SANTA ROSA FOREST PRODUCTS, INC.		
SECOND:	The document number of the corporation (if known): P9600069122		
THIRD:	The date dissolution was authorized: 12-31-2004		
	Effective date of dissolution if applicable: 12-31-2004 (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 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)		
	Signature: (By effector, president of other officer - if directors or officers have not been selected, by the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) In Taylor (Typed or printed name of person signing)		
	(Title of person signing)		

Filing Fee: \$35