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(Re	questor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies	Certificates of Status		
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10 JAN -8 PH 2: 00 SECRETARY OF STATE TALLAHASSEE, FLORID

APPRUYEU AND FILFO

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISSOLUTION OF S.I.R. SE	RVICES-FL, INC.
DOCUMENT NUMBER.	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted	l for filing.
Please return all correspondence concerning this matter to t	the following:
VIREN MANIAR	•
(Name of Contact Person)	
VIREN MANIAR CPA, LLC	
(Firm/Company)	- /
82 BRUNSWICK WOODS DRIVE	A STATE OF
(Address)	2.48.48.2.12.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
EAST BRUNSWICK, NJ 08816	Andrew State Comments
(City/State and Zip Code	*)
For further information concerning this matter, please call:	
	2 238-2223
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Certified Cop (Additional continuous) Certificate of Status (Additional continuous)	oy Certificate of Status &
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.I.R. SERVICES-FL, INC.	State:		
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: DECEMBER 23, 2009			
	Effective date of dissolution if applicable: UPON RECEIPT (no more than 90 days after dissolution file)	le date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast fo was sufficient for approval.	r dissolution		
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	itled		
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)	₩ c -		
Si,	gnature: (Ry a director, president of other officer if directors or others baye not been selected, by an incorporator - if in the hands of a receiver, trustee, or other courtappointed fiduciary, by that fiduciary)	O JAN -8 PH 2: 00 SECRETARY OF STATE ALLAHASSEE, FLORIDA		
<u> </u>	(Typed or printed name of person signing)			
<u>\</u>	/ICE PRESIDENT			

Filing Fee: \$35