P97000020190

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

ADR. 8/13/07

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolve Corpora	too
DOCUMENT NUMBER: P970006	20190
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Karen / Kevin [(Name of Contact)	Person)
First Class Bath S (Firm/Compa	Dustems Inc.
1219 Cape Cocal (Address)	Kuy. E
(City/State and Zi	33904 ip Code)
For further information concerning this matter, plea	se call:
(Name of Contact Person) at	(239) 574-1029 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ied Copy Certificate of Status & Certified Copy
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

of dissoluti	on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State First Class Both Systems Iv.
SECOND:	The document number of the corporation (if known): P97000020190
THIRD:	The date dissolution was authorized: \ \(\oldsymbol{0} \cdot 30 - 06 \)
	Effective date of dissolution if applicable: 6 on 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 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) (Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35