P97000017741

(Re	equestor's Name)	
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(Ĉit	y/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: DISSOLUTION	(oF Wells Ouality Services,
DOCUMENT NUMBER: ## }	97000047744
The enclosed Articles of Dissolution and i	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Roger A. Wells (Name of	Person)
Wells Ouality Ser	ENICES LNC. Firm/Company)
5431 54TH Way	(Address)
West PAlm Beach	State/and Zip Code)
For further information concerning this ma	tter, please call:
Roger Wells (Name of Person)	at (56/) 689-376/ (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
\$35 Filing Fee \$2 \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassec, Florida 32314	409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with Department of State:
	Wells OUALITY SERVICES, INC.
SECOND:	The document number of the corporation (if known): P9700047744
THIRD:	The file date of the articles of incorporation was: MAY 29, 1998
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	☐ The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid. All items on things shall been thid
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution. (OW Ner ONLY)
	Signed this 1/5/04 day of TANUAVY 5 2004.
Signa	(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.)
	Roger H. Wells (Typed or printed name 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.

Name of Corporation: Wells DUALITY Services, LNC.
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:
Enecial Note:
There we drive regind thes Company. They have been out
of Business Since Time 30th 2003.
Thank and
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
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.

Signature of the Person Filing.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Printed Name of the Person Filing