

P97000051607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

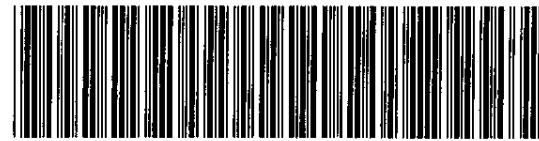
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TREASURER, PLAINFIELD

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C.COULIETTE

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOWN & COUNTRY TITLE, INC.

DOCUMENT NUMBER: P97000051607

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARLENE L. KOENIG

(Name of Contact Person)

(Firm/Company)

1275 S. Patrick Dr., Suite J

(Address)

Satellite Beach, FL 32937

(City/State and Zip Code)

For further information concerning this matter, please call:

Darlene L. Koenig at. (321) 779-9700
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 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
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 State:

06/10/1997

SECOND: The document number of the corporation (if known): P97000051607

THIRD: The date dissolution was authorized: 11/18/2008

Effective date of dissolution if applicable: 12/01/2008

(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

100% by Sole Stockholder

(voting group)

Signature: 

(By a director, president or other officer - if directors or officers have not been selected
an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by
that fiduciary)

DARLENE L. KOENIG

(Typed or printed name of person signing)

PRESIDENT/SOLE STOCKHOLDER

(Title of person signing)

Filing Fee: \$35

100% BY SOLE STOCKHOLDER
08 NOV 21 2008
FILED
FLORIDA DEPARTMENT OF STATE
RECEIVERSHIP & FIDUCIARIES
REGISTRATION & RECORDING
SECTION 607.1403, FLORIDA STATUTES