P91000071020

(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Req	uestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addi	ess)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(,	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addı	ress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/	State/Zip/Phone	#)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
. (Document Number) Certified Copies Certificates of Status			Ш
. (Document Number) Certified Copies Certificates of Status			
Certified Copies Certificates of Status	(Busi	ness Entity Nam	e)
Certified Copies Certificates of Status	•		
Certified Copies Certificates of Status	(Door	imont Number	
	10001	inent Number)	
Special Instructions to Filing Officer:	Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:			
	Special Instructions to Fi	ling Officer:	İ
I			

Office Use Only



900148729169

04/06/09--01043--001 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

009 APR -6 AM 10: 5

DISS.

TB 4/8/09

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: GOMES KEY MANAGE	MENT INC	
DOCUMENT NUMBER: P970000710)20	
The enclosed Articles of Dissolution and fee	are submitted for filin	g.
Please return all correspondence concerning t	his matter to the follow	ving:
ROBERT L GOMES		
(Name of Co	ontact Person)	
PINNACLE EMPLOYEE LEASING	G	·
(Firm/C	Company)	1. ,
115 W OLYMPIA AVE		, :
(Add	ress)	and states
PUNTA GORDA FL 33950		4.4.442
(City/State	and Zip Code)	
For further information concerning this matte	r, please call:	
JAMES E STEVENS EA (Name of Contact Person)	at (941) 4	57-6790 Daytime Telephone Number)
Enclosed is a check for the following amount		
Certificate of Status]\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Ame Divis Clifts	EET ADDRESS: ndment Section sion of Corporations on Building 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:			
	GOMES KEY MANAGEMENT INC.			
SECOND:	The document number of the corporation (if known): P97000071020			
THIRD:	The date dissolution was authorized: MARCH 1,2009			
	Effective date of dissolution if applicable: (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			
	Z009 TALL			
	SECRETARY OF ALLAHASSEE.			
:	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)			
	ROBERT L GOMES			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35