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COVER LETTER

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: DISOISTION of Componetion LAURENCE is Schoffman, INC.
DOCUMENT NUMBER: PG788841788
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAURENCE D Schuffnan (Name of Person)
(Name of Person) [Qurence D. Schuffman, Fre. (Name of Firm/Company)
6 TIMBER ISNE (Address)
Ran Dolph, NI 07-869 (City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (9+3) 366- f929 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 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 the Florida Department of State:
	Laurence D. Schoffman, Ire.
SECOND:	The document number of the corporation (if known): ρ 9 2 0 5 2 2 3
THIRD:	The file date the articles of incorporation: $\frac{10/24/199}{1}$
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.
	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)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sig	gned this 30 day of $April 200 J$.
Signa	ture: (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, thustee, or other court appointed fiduciary, by that fiduciary.)
	(Typed or printed name of person signing)
	PACSINEW (Title 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: Laurence of Schoffman, Inc. — Clease Clope
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:
finels to Anothe inchilud of pain, a firm
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
_6 TIMBER LONE
fondolph NJ 07865
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.

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

Signature of the Person Filing