(Re	questor's Name)			
(Address)				
(Adı	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Doc	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to F				
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MAR 29 2005 The Company



## **COVER LETTER**

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations				
SUBJECT: DISSOLUTION PROFIT CORP				
DOCUMENT NUMBER: P 98 00 00 0 4 3 4 3				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JAMES J MAJORANA				
(Name of Person)				
JAMES J MAJORANA INC.  (Name of Firm/Company)				
10011 VINEYARD LANE				
(Address)				
PORT RICHEY FLORIDA 34668 (City/State/and Zip Code)				
(City/State/and Zip Code)				
For further information concerning this matter, please call:				
TAMES J MAJORANA at (727) 868-4093 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & \$\sum \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS:  STREET ADDRESS:				
Amendment Section Amendment Section  Division of Corporations  Division of Corporations				
P.O. Box 6327  409 E. Gaines Street				

Tallahassee, Florida 32399

## 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:					
	JAMES J MAJORANA INC.					
SECOND:	The document number of the corporation (if known): P9800004343					
THIRD:	The date dissolution was authorized: MARCH 16, 2005					
	Effective date of dissolution if applicable: MARCH 31, 2005 (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 of the shareholders through voting groups S					
	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					
	A/A					
	(voting group)					
	Signed this 26 th day of MARCH , 2005.					
	Signature:  (By a director, president of 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)					
	JAMES J MAJORANA					
	(Typed or printed name of person signing)					
	DIRECTOR					
	(Title of person cigning)					

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:	JAMES	7	MAJORANA	TNC_	
Date of dissolution will be specified in the Articles of		lution	is filed with the Department	of State or as	
Description of information that must be included in a claim:					

CORPORATION BEING DISSOLVED AS
OF MARCH 31, 2005. PRINCIPAL OFFICER
15 NOW CHANGING BUSINESS ENTITY
TO A SOLE PROPRIETORSHIP.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
JAMES J MAJORANA
10011 VINEYARD LANE
PORT RICHEY, FLA. 34668

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.

JAMES J MAJORANA
Printed Name of the Person Filing
Signature of the Person Filing

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