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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: <u>N5506U710N</u> - K	ATT & SIVIC, A.A.	
DOCUMENT NUMBER: \$ 9900038	509	
The enclosed Articles of Dissolution and fee are submit	ted for filing.	
Please return all correspondence concerning this matter t	o the following:	
LEONARD H. KLATT (Name of Contact Person		
(Name of Contact Person)		
PAST PRESINENT, NCATT Firm/Company)	é SIUIC P.A.	
7753 S.W. STATE		
(Address)		
OCALA, FLORIDA (City/State and Zip Co	34476 ode)	
For further information concerning this matter, please ca	II:	
LEONARD H. K. 477 at (39)	rea Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times\$	l copy is Certified Copy	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

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:
SECOND:	The document number of the corporation (if known): P9900038509
THIRD:	The date dissolution was authorized: 7 JUNE 2007
	Effective date of dissolution if applicable: 8 JUNE 2007 (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
	Signature: (By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) LEONAL H. KCATT (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)

Filing Fee: \$35

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