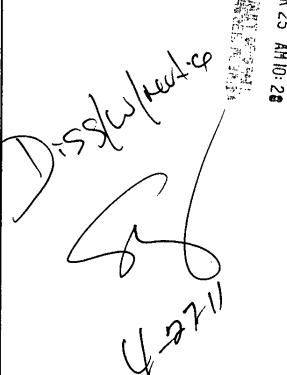
(Requestor's Name)		
(Address)	0002040	
(Address)	0002040	
(City/State/Zip/Phone #)	04/25/11010	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	du frent-co	
	7-590	
Office Use Only	1 6	
Office Use Only		

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution	
DOCUMENT NUMBER: P99000	63644
The enclosed Articles of Dissolution and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
Tom Elliott	
(Name of Contact Per	rson)
(Firm/Company	·)
4538 McAshton Str	
(
Sarasota, FL 34	
(City/State and Zip C	Code)
For further information concerning this matter, please	call:
Name of Contact Person) at (C)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	nal copy is Certified Copy
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

arsuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

.f 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): The date dissolution was authorized: THIRD: 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 (voting group) 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) (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

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: T. Elliott Consulting Inc.
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:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
4538 Mc Ashton St.
Sarasota FL 34233
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.
10
Printed Name of the Person Filing Signature of the Person Filing