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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DIS SOLUTION OF ARMSTRONG TRAILER PARK
DOCUMENT NUMBER: P 99000 10 4 702
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Amstrant TRailor PARK, Irc (Firm/Company)
P.O., Box 561657 (Address)
(Address)
ORLANDO F1. 32856-1657
OR LAMO, FL. 33856 -1657 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 908-6000 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee,  Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:			
	ARMSTRONG TRAILER PARK, IN	CI		
SECOND:	Dag Ros In			
THIRD:	The date dissolution was authorized: 12/26/206			
	Effective date of dissolution if applicable: 12/31/200 (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 it was sufficient for approval.	for dissolution	1	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:		•	
	The number of votes cast for dissolution was sufficient for approval by	JAN -5 AM CRETARY OF LAHASSEE, F	1	
	(voting group)	AM 9: 27 Y OF STATE SEE, FLORIDA		
	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)			
	PRO 510ENT			
	(Title of person signing)			

Filing Fee: \$35