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Tranh of the Requirement	900/0695; ASSociates, Inc., lestor's Name	
4860 Exe	ter Estate Lane Address	-
Lake We City/State/Z	ip Phone #	8000035831280 -01/29/0101007001 *****35.00 *****35.00 Office Use Only
CORPORATION N	AME(S) & DOCUMENT NUMBER	(S), (if known):
1(Corpor	ration Name) (Documen	nt #)
2(Corpor	ration Name) (Document	ut #)
3(Corpor	ration Name) (Documer	nt #)
4(Corpo	ration Name) (Docume	it#)
☐ Walk in ☐	Pick up time	Certified Copy
Mail out	Will wait Photocopy	Certificate of Status
ENGRIBINGS	- AMENDMENTS	
Profit	Amendment	<u> </u>
NonProfit Limited Liability	Resignation of R.A., Officer/ Director Change of Registered Agent	TAA I
Domestication	Dissolution/Withdrawal	O1 SECHI
Other	Merger	FILED JAN 26 PH ARETARY OF ST ANASSEE, FLO
OTHER FILINGS.	REGISTRATION/** QUALIFICATION	LED 6 PM 3:02 Y OF STATE EE, FLORIDA
Annual Report	Foreign	3: 02 IATE ORIDA
Fictitious Name	Limited Partnership	
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Examiner's Initials

ARTICLES OF DISSULUTION

Pursuant to section 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: <u>Travb</u> + Associates, Euc
SECOND:	The date dissolution was authorized: December 31 2000
THIRD:	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 vote of 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)
Sign	ned this 17th day of January, 15 200/.
•	Signature Local (By the Chairman or Vice Chairman of the Board, President, or other officer)
± \$	(Typed or printed name)
	President (Title)
C 1.	*