

526366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700059995227

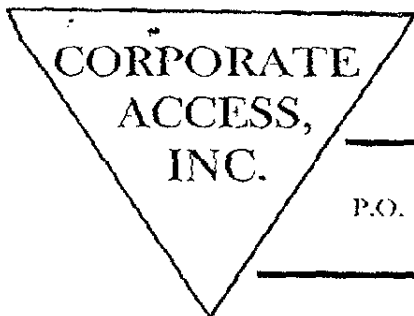
10/05/05--01002--002 **35.00

FILED
05 OCT -4 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 OCT -4 PM 2:56
DIVISION OF CORPORATION

Dis.

C. Ouellette OCT 04 2005



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

10/4/05 Allende

CERTIFIED COPY

PHOTOCOPY

CUS

FILING

Dissolution

1. MRE of BOCA, Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

