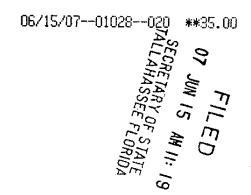
## 595467

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: DACSO DIAGNOSTIC, TUC.	
DOCUMENT NUMBER: 595467	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lavion L. SUI RUE	
(Name of Contact Person)	
LAW OFFICE OF YOUR SUNTER (Firm/Company)	
(Firm/Company)	
300 Souily Aso \$ 210 (Address)	
(Address)	
LORAL GADUS, Pl. 33134	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (30) 442-9293  (Area Code & Daytime Telephone Number	
(Name of Contact Person) (Area Code & Daytime Telephone Number	r)
Enclosed is a check for the following amount:	
\$35 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)  Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: STREET ADDRESS:	
Amendment Section Amendment Section	
Division of Corporations P.O. Box 6327  Division of Corporations 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:  DACSO DIN GUOSTIC, IIIC.
SECOND:	The document number of the corporation (if known): $\leq 95467$
THIRD:	The date dissolution was authorized: TUDE 11, 2007
	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)  ASSET FLO
X	Signature:  (By a director, president or other officer - if directors or officer shave not been selected, by an incorporator - if in the hands of a receiver, muster, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Prosident
	(Title of person signing)

Filing Fee: \$35