

Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name CORPORATION SERVICE COMPANY

Account Number : 120000000195

Phone Fax Number

DISSOLUTION OR WITHDRAWAL CINQUE SOCI LIMITED INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following on:	articles
	EFFECTIVE	- 12/5/1
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	· · · ·
	Cinque Soci Limited Inc.	·
SECOND:	The document number of the corporation (if known): V19549	
THIRD;	The date dissolution was authorized: December 1, 2010	
	Effective date of dissolution if applicable: December 31, 2010	
	(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 disso was sufficient for approval.	lution
	Dissolution was approved by 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:	10 D
	The number of votes cast for dissolution was sufficient for approval by	DEC 23 PM
	(voting group)	3: 10
S	lignature: (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)	
5	Stephen Gerard	
-	(Typed or printed name of person signing)	
p	president	
	(Title of person signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims 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: Cinque Soci Limited 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: The information that must be included in a claim is the amount of the claim, the name and address and phone number of the person making the claim along with the description of the claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Stephen Gerard 35 Van Rensselaer Avenue Stamford, CT 06902 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. Stephen Gerard Printed Name of the Person Filing Signature of the Person Filing