(Requestor's Name)	
(Address)	700075748517
(City/State/Zip/Phone #)	06,/06/0601032008 **35.00
(Business Entity Name)	
(Document Number)	
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<u>COVER LETTER</u>	
TO: Amendment Section Division of Corporations	
SUBJECT: Bowen Enterprises	
DOCUMENT NUMBER: V 50576	7-13-92
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John R. Bowen	
(Name of Contact Person)	
Bowen Enterprises	
(Firm/Company)	
2920 Waterside Dr.	,
(Address)	
Englewood Fl. 34224 (City/State and Zip Code)	
() (City/State and Zip Code)	
For further information concerning this matter, please call:	

John Bowen at (<u>941</u>) <u>828</u> Z62( (Area Code & Daytime Telephone Number) (Name of Contact Person)

Enclosed is a check for the following amount:

 \$35 Filing Fee
 \$43.75 Filing Fee & \$\$43.75 Filing Fee & \$\$52.50 Filing Fee,

 Certificate of Status
 Certified Copy

 (Additional copy is enclosed)
 Certified Copy

 (Additional copy is enclosed)
 Certified Copy is enclosed)

## **MAILING ADDRESS:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **STREET ADDRESS:** 

Amendment Section Division of Corporations Clifton Building 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:

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FIRST:	RST: The name of the corporation as currently filed with the Florida Department of S		
	Bowen Enterprises, Inc.		
SECOND:	The document number of the corporation (if known): $V-505$	76	
THIRD:	The date dissolution was authorized: <u>6-5-06</u>		
	The document number of the corporation (if known): $V-505$ The date dissolution was authorized: $6-5-06$ Effective date of dissolution <u>if applicable</u> : $6-5-06$ (no more than 90 days after dissolution	on file date)	
FOURTH:			
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for dissolution	
	Dissolution was approved by of the shareholders through voting groups.		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled 06 JU	
	The number of votes cast for dissolution was sufficient for approval by	FILE HH-6	
	sole proprietorship (voting group)	FILED 06 JUH -6 PH 1:47 DESECRETARY OF STATE ALLAHASSEE, 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		
	John R. Bowen		
	(Typed or printed name of person signing)	•.	
	pres.		

(Title of person signing)

Filing Fee: \$35