POS000144799

(Re	questor's Name)	
(Ada	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Namo	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
4	Office Use Only	,



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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: JODI MYERS DESIGNHAUS, INC. DOCUMENT NUMBER: P05000144799 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOANNE MYERS (Name of Contact Person) JODI MYERS DESIGNHAUS, INC. (Firm/Company) 1828 Nebraska Avenue (Address) PALM HARBOR, FL 34683 (City/State and Zip Code) For further information concerning this matter, please call: at (727) 432-9432 TOANNE MYERS (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations **Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

, 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:		
	JODI MYERS DESIGNHAUS, INC.		
SECOND:	The document number of the corporation (if known): P05000144799		
THIRD:	The date dissolution was authorized: OCTOBER 7, 2010		
	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		
	Mush		
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by officers that fiduciary) (By a director, president or other officer - if directors or officers have not been selected, by officers that fiduciary)		
	JOANNE MYERS		
	(Typed or printed name of person signing)		
	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: JODI MYERS DESIGNHAUS, 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: Name, address, telephone number of creditor, Nature of debt, date incurred Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1828 Nebraska Avenue PALM HARBOR, FL 34683 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. JOANNE MYERS Printed Name of the Person Filing ture of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00