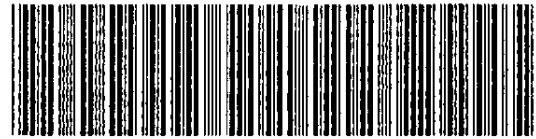


P99000064575



300193726453

02/11/11--01007--009 \*\*35.00

(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

FILED  
11 FEB 23 AM 11:03  
STATE DEPARTMENT OF REVENUE  
ATLANTA, GEORGIA

Volvis  
w/Notice  
02/25/11  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2011

IMMA COLATA ZOTLOLI  
SUNSCAPE SERVICES, INC.  
P. O. BOX 1348  
LOXAHATCHEE, FL 33470

SUBJECT: SUNSCAPE SERVICES, INC.  
Ref. Number: P99000064575

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state either: (1) None of the corporation's shares have been issued OR (2) The corporation did not commence business.

PLEASE COMPLETE ONLY ONE BOX ON SECTION SEVENTH.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 711A00003752

RECEIVED

11 FEB 23 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** P99000064575

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Immacolata Zottoli  
(Name of Contact Person)

Sunscape Services, Inc.  
(Firm/Company)

P.O. Box 1348  
(Address)

Loxahatchee, FL 33470  
(City/State and Zip Code)

For further information concerning this matter, please call:

Immacolata Zottoli at (561) 793-1157  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional 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 607.1401, 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:

Sunscape Services, Inc.

SECOND: The document number of the corporation (if known): P99600064575

THIRD: The file date of the articles of incorporation: 7/14/99

FOURTH: (CHECK AT LEAST ONE BOX)

- None of the corporation's shares have been issued.
- The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

- Pres: IZ*  A majority of the incorporators authorized the dissolution.
- A majority of the directors authorized the dissolution.

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
CORPORATION DIVISION

11 FEB 23 AM 11:07

FILED

Signature: *Immacolata Zottoli*  
(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.)

Immacolata Zottoli  
(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: Sunscape Services, 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:

Corporation is dissolved as of 12/31/10.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Sunscape Services, Inc.  
P.O. Box 1348  
Loxahatchee, FL 33470  
\_\_\_\_\_

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.

Immacolata Zottoli  
Printed Name of the Person Filing

X Immacolata Zottoli  
Signature of the Person Filing

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