## 663122

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**EXAMINER** 

## COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: DISSOLUTION DOCUMENT NUMBER: 663122 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HELIODORO LOPEZ (Name of Contact Person) HERA HAIR BOUTIQUE, INC. (Firm/Company) P.O. BOX 22651 (Address) HIALEAH, FL. 33002 (City/State and Zip Code) For further information concerning this matter, please call: MARTA FERIA (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □\$35 Filing Fee ②\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (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 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 Departme	nt of State	<b>:</b> :	
	HERA HAIR BOUTIQUE, INC.			
SECOND:	The document number of the corporation (if known): 663122			
THIRD:	The file date of the articles of incorporation: 12/18/1979			
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 di to the shareholders, if shares were issued.	stributed		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	SECR ALLA	09 H	
	A majority of the incorporators authorized the dissolution.	ETAR' HASS	MAR 16	files ertes
	A majority of the directors authorized the dissolution.	Y OF S	PM ::	
Sign	nature: Meliodoro Lopez	STATE ORIDA	45	C. Marie
	(By a director, president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	in incorporate	or - 11	
	HELIODORO LOPEZ			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of Person Signing)			

Filing Fee: \$35