

L41539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

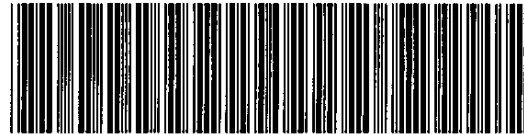
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/25/06--01008--023 **43.75

FILED
06 JUL 25 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art of Diss
7-25-06
*Court of Stu

RITA SUE LEVY
577 S.W. 87TH WAY
COOPER CITY, FL. ~~33328~~
33328

TELEPHONE: (954) ~~333-8285~~
(954) 817-3343

01-17-06

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314


Re: Dissolution of P.R.A.M.S., INC.

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,


RITA SUE LEVY

ARTICLES OF DISSOLUTION

Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is P.R.A.M.S., INC.
Corporate number: L41539
- SECOND: The articles of incorporation were filed on 01-08-90.
- THIRD: The date dissolution was authorized was 01-17-06.
- FORTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and the name is available for immediate use by any other corporation.

Signed this 01-17-06.

FURTHER AFFIANT SAYETH NAUGHT.

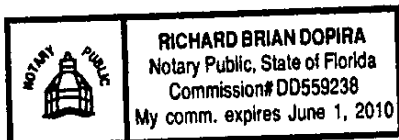
Rita Sue Levy, President/Chairman of the Board
AFFIANT/RITA SUE LEVY, President/Chairman of the Board

The foregoing instrument was acknowledged before me this 21st day of July, 2006, by RITA SUE LEVY, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: **DRIVERS LICENSE OF Florida**.

Witness my hand and seal at said county and state this 21st day of July, 2006

My commission expires

6-1-2010



Richard Brian Dopira
Signature of Notary Public

Richard Brian Dopira
Printed Name

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA