## 1286669

(Requestor's Name)
S31. 64th St, No St. Peste, FZ 33710
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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03/29/06--01027--023 \*\*35.00





T. Roberts 'APR 0 5 2005

## **COVER LETTER**

<del></del>	
TO: Amendment Section Division of Corporations	NOUVEAU
<del>-</del>	7
SUBJECT: Moon Shadou	Nouveau, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
K-Am Miller (Name of Conta	- MC Cleary ct Person)
(Firm/Con	npany)
531 64+	Street, North
(Address	3)
St. Petersbur (City/State and	2, FL 337/0 Zip Code)
For further information concerning this matter, pl	· ,
KAn McCleary (Name of Contact Person)	at (127) 415-0559 (Cell (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate of Status (Ad	3.75 Filing Fee & \$\sum \$\\$\$52.50 Filing Fee, rtified Copy
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## 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:
	Moon Shadow Nouveau, Inc.
SECOND:	The document number of the corporation (if known): L8669
THIRD:	The date dissolution was authorized: $12-31-05$
	Effective date of dissolution if applicable: 12-31-05 (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 of 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  OF MAR 29  (voting group)  TALLAHASS
	(voting group)
	AM 9: 4  COF STATE EE. FLOR
	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)
	CTyped or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35