

N05000008547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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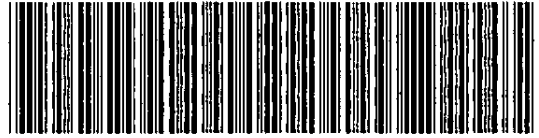
(Business Entity Name)

(Document Number)

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2009 DEC 17 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DISS.

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DEC 18 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NANCY TOWNSEND MENESTRIS, INC.

**DOCUMENT NUMBER:** NO5000008547

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

Please return all correspondence concerning this matter to the following:

NANCY TOWNSEND  
(Name of Contact Person)  
NANCY TOWNSEND MENESTRIES, INC.  
(Firm/Company)  
7142 STEINBECK WAY, #104  
(Address)  
TRINITY, FL, 34655  
(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY TOWNSEND at ( 727 ) 389-1003  
(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

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**ARTICLES OF DISSOLUTION**

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

NANNY TOWNSEND NURSERY, INC.

SECOND: The document number of the corporation (if known): N05000088547

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

**SECTION I**

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

The date of the meeting of members at which the resolution to dissolve was adopted 12-14-09. The number of votes cast by the members was sufficient for approval.

The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

**SECTION II**

**If the corporation has no members or members entitled to vote on the dissolution:**


The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was \_\_\_\_\_.

The number of directors in office was \_\_\_\_\_ and the vote for resolution was

\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 12-14-09  
(no more than 90 days after dissolution file date)

Signature 

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

NANCY TOWNSENK  
(Typed or printed name of the person signing)

CEO, FOUNDER, President  
(Title of person signing)

**FILING FEE: \$35**